

DEPT.-65

JOB- 28

REEL- 10



**CITY OF BALTIMORE**

**HEALTH DEPT.**

**BUREAU OF**

**VITAL STATISTICS**

**BIRTHS**

**BEGINNING 1875**



CITY HALL  
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

## DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT  
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE  
DEPARTMENT OF HEALTH BUREAU OF VITAL  
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS  
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-  
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-  
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION  
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN  
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR  
ON JUNE 4, 1954.

## REQUEST FOR RETENTION PERIOD

Authorization No.

346

Department:

Health

Bureau:

Vital Statistics

To: Records Management Officer  
Room 408, City Hall, Baltimore, 2, Md.

## Record Identification

1. TITLE: <b>Certificate of Live Birth</b>		2. Form No. if available	3. Type---(cards, paper, etc.) <b>Bound Book</b>
4. Dates	5. Volume accumulated yearly	6. Size of Record <b>Misc.</b>	7. Number of copies made
8. Authorization Requested (check only one (1) of the squares below)			
A. Establish retention period for records which are accumulating daily. <input type="checkbox"/>		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>	C. Microfilm and destroy originals. <input type="checkbox"/>
		D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/>	
9. Recommended Retention Period		10. Equipment and space freed.	11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
a. In Dept. <b>70 yrs.</b>	b. In Storage Center <b>Micro. Perm.</b>	c. Total and <b>Micro. Perm.</b>	
12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)			

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title:

Robert E. Farber  
Commissioner of Health3/28/63  
Date

## Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept. <b>70 yrs.</b>	b. In Storage Center <b>Microfilm Permanent</b>	c. Total and <b>Microfilm Permanent</b>	A. To be sold as scrap or waste paper <input type="checkbox"/>	B. To be Burned or shredded <input checked="" type="checkbox"/>	C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>

## REMARKS.

2 negative Rolls  
1 Positive Roll

Records Management Officer

C. P. F. F. F.

3/28/63  
Date

## APPROVALS OF RECORDS DISPOSAL COMMITTEE

QUICKLY RETURN TO: RECORDS MANAGEMENT OFFICER  
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

**FILED ON FILM**

**IN**

**NUMERICAL ORDER**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35530



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 6<sup>th</sup> 1879

4. Place of Birth (Street and Number)

186 Greenmount Ave.

5. Full Name of Mother

Mary Clifford

6. Mother's Maiden Name

Mary Joiner

7. Mother's Birthplace

Ireland

8. Full Name of Father

Wm Clifford

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Silas A. Hunter M.D.

Address

36 Greenmount Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35531

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 6<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *37 S. Eutaw*

5. Full Name of Mother *Sophie Schoolhaus*

6. Mother's Maiden Name *" Brown*

7. Mother's Birthplace *German*

8. Full Name of Father *Sam<sup>l</sup> Schoolhaus*

9. Father's Occupation *Lif. Ins. Agent*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *James E. Egan*

Address

Remarks

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 6 - 1899
4. Place of Birth (Street and Number) 35 Henrietta St
5. Full Name of Mother Sarah A. Catechy
6. Mother's Maiden Name Sarah A. Grey
7. Mother's Birthplace Baltimore County Maryland
8. Full Name of Father James W. Catechy
9. Father's Occupation Carriage Trimmer
10. Father's Birthplace Baltimore City Maryland
- Name of Medical Attendant, or other Person who makes this Return. G. H. Weller M.D.
- Address 158 Henrietta St
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



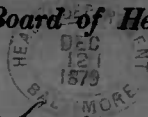
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 6<sup>th</sup> Dec. 1879
4. Place of Birth, (Street and Number) 86 Williams st
5. Full Name of Mother Sadie Thompson
6. Mother's Maiden Name Shoffman
7. Mother's Birthplace Balt. Md.
8. Full Name of Father William Thompson
9. Father's Occupation Bottler of Mineral water
10. Father's Birthplace Balt. N. York
- Name of Medical Attendant, or other Person who makes this Return. H W Webster M.D.
- Address 57 B. street
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35534

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth 6th Decr. 1879  
4. Place of Birth, (Street and Number) 36 Warren St  
5. Full Name of Mother Seline Davis  
6. Mother's Maiden Name Daily  
7. Mother's Birthplace Balt.  
8. Full Name of Father John Davis  
9. Father's Occupation Carpenter  
10. Father's Birthplace Balt.  
Name of Medical Attendant, or other Person who makes this Return. Wm Melst. J. M. R.  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5th

Boie

White

6 December

3. Atlantic St.

Elizabeth Lima

4. April

Strakonice Bohemia

Rudolf Lima

Tailor

Krivan Bohemia

J. Monroe

20 Barnard St.

# RETURN OF A BIRTH.

35536

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC  
12  
1879  
BALTIMORE

Name of Mother, (state whether 1st, 2d, 3d, &c.)

4

State whether Male or Female

Female

Color (if not of the white race)

White

Month of Birth

December the 6

Place of Birth (Street and Number)

Name of Mother *David Wolf. Street no 21*

Maiden Name

Robbins

Birthplace

Dorchester County, District No 16

Name of Father

Robert Robinson Mill

Occupation

Capt. of a cyther vessel

Birthplace

Dorchester County, District No 16

Medical Attendant, or other Person who makes this Return.

Davis

No 6 South Chesapeake St

Sex

Female

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

10th day of December - 1879

4. Place of Birth, (Street and Number)

Pratt St

5. Full Name of Mother

Mrs. Margaret Goodrich

6. Mother's Maiden Name

" J. " Wright

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Thomas Goodrich

9. Father's Occupation

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Susan Hunter

Address

21st St. Capetown St

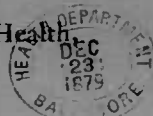
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35538

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) Color  
3. Date of Birth  
4. Place of Birth (Street and Number) Stockholm St. 106  
5. Full Name of Mother Mary J. Hoyer Carr  
6. Mother's Maiden Name Mary J. Hoyer  
7. Mother's Birthplace Baltimore  
8. Full Name of Father William Carr  
9. Father's Occupation Labor  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this return Dr. Wm. J. Wilson  
Address 252 Hughes St  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35539



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 1879*
4. Place of Birth (Street and Number) *196 Green Mount Ave*
5. Full Name of Mother *Luz Boka*
6. Mother's Maiden Name *Luz Sturgeon*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Boka*
9. Father's Occupation *Police*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *John Hollister*
- Address *52 E. Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

December 6, 1879.

4. Place of Birth (Street and Number)

366 Washington St.

5. Full Name of Mother

Annie Macanley

6. Mother's Maiden Name

Hells.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Franklin Macanley

9. Father's Occupation

Laborer

10. Father's Birthplace

Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Alice Bourne

Address

Chapel near Eager St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32541

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 6, 1879

4. Place of Birth (Street and Number)

15 Penn. Av.

5. Full Name of Mother

Sallie Martin

6. Mother's Maiden Name

Evett

7. Mother's Birthplace

Balt

8. Full Name of Father

John Martin

9. Father's Occupation

Driver

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

J. W. C. Gable M.D.

Address

303 Franklin St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second

Female

White

Dec 6<sup>th</sup> 1873

436 Central Ave

Emily P. Gruner

" " Brandel

Baltimore Md

John Gruner

Painter & Varvisher

Baltimore Md

Regina A. Winter

178 Thompson Ave

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 6<sup>th</sup> 1878

4. Place of Birth (Street and Number)

436 Central Ave

5. Full Name of Mother

Emily P. Gruher

6. Mother's Maiden Name

" " Brandel

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Gruher

9. Father's Occupation

Wainwright & Varnisher

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Winter

Address

145 Thompson Ave

Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *6<sup>th</sup> of December*
4. Place of Birth (Street and Number) *Mount Royal ave.*
5. Full Name of Mother *Amanda Spruclankes*
6. Mother's Maiden Name *Gibbs*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Spruclankes*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*
- Address *369 Cathedral St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

George Phillip Nesbitt Frenchard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

333711  
J. M. White, M.D.  
311 N. Broadway  
OCT 11 1899  
3-31-53

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *17th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 6. 1899*

4. Place of Birth (Street and Number) *#251 N. Central av.*

5. Full Name of Mother *Larah E. Schaffer*

6. Mother's Maiden Name *Chrissall*

7. Mother's Birthplace *Balto. Md.*

8. Full Name of Father *William J. Schaffer*

9. Father's Occupation *Fireman*

10. Father's Birthplace *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return *A. Hartman M.D.*

Address *#305 McCaroline St.*

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

35346

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *December 6th 1899*  
4. Place of Birth (Street and Number) *No. 165 E. Paca St.*  
5. Full Name of Mother  *Cecelia Sophia Cromwell*  
*Harford*  
6. Mother's Maiden Name *"*  
*Baltimore Md*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Bedweth Thomas Cromwell*  
9. Father's Occupation *Produce Commission Merchant*  
10. Father's Birthplace *Anne Arundel County Md*  
*Pembroke St. Wombolt Md*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. D. D. St. Lombard St.*  
Address  
Remarks

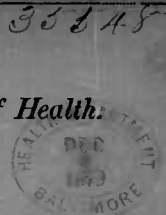




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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 6 1879
4. Place of Birth (Street and Number) 86 Grandville St.
5. Full Name of Mother Mary C. Winter
6. Mother's Maiden Name " Arnold
7. Mother's Birthplace Balto
8. Full Name of Father Frederick C. Winter
9. Father's Occupation Professor
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Ward
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex (state whether male or female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *November December 1st, 1879*
4. Place of Birth (Street and Number) *N. Dallas St. No. 266*
5. Full Name of Mother *Margaretha Pensch*
6. Mother's Maiden Name *Margaretha Schab.*
7. Mother's Birthplace *Hagerbach, Gr. Hessian, Germany*
8. Full Name of Father *Wilhelm Pensch.*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Hachen, Gr. Hessian, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*
- Address *N. Dallas St. No. 266*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35350

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3  
7

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 6th 1879

4. Place of Birth (Street and Number)

36 Foster St

5. Full Name of Mother

Emily Emory Proctor  
Compt

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Samuel Proctor  
Laborer

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

W. H. Winslow  
201 W. Biddle St

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35357

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 7 November
4. Place of Birth (Street and Number) 200 Chestnut St
5. Full Name of Mother Julie Radice
6. Mother's Maiden Name Loel
7. Mother's Birthplace Il. D.
8. Full Name of Father John Radice
9. Father's Occupation Barberian
10. Father's Birthplace Il. D.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 82 E. Lombard
- Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Malindia Gaines. first*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *7. 5 December 1879*  
4. Place of Birth (Street and Number) *254. West Street*  
5. Full Name of Mother *Malindia Banks*  
6. Mother's Maiden Name *Lavinia Mills*  
7. Mother's Birthplace *Cambridge. Md.*  
8. Full Name of Father *Charles Gaines*  
9. Father's Occupation *Labor*  
10. Father's Birthplace *City of Baltimore.*  
Name of Medical Attendant, or other Person who makes this Return. *Lavinia Mills*  
Address *354. West Street*  
Remarks *very good condition*

HEALTH  
DEC  
11  
1879

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 7 Dec

4. Place of Birth, (Street and Number) 176 Lancaster St

5. Full Name of Mother Julia Mc Granne

6. Mother's Maiden Name Danahie

7. Mother's Birthplace Ireland

8. Full Name of Father Francis Granne

9. Father's Occupation Fireman

10. Father's Birthplace Sweden

Name of Medical Attendant, or other Person who makes this Return. Anna Schismer

Address No 7 Farrest Place

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

353311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 7 1879

4. Place of Birth (Street and Number)

# 293 Eastern Ave

5. Full Name of Mother

Lena J. Collins

6. Mother's Maiden Name

Lena Glass

7. Mother's Birthplace

Belle

8. Full Name of Father

Jimmie Collins

9. Father's Occupation

Hand labor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary E. Collins

Address

# 171 O. Washington St.

Remarks

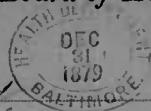


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3555  
Male  
White  
December 24 1879  
S. C. B. 123 St.  
Kate Miller  
Smith  
Baltimore  
Robert Miller  
Farmer  
Baltimore

Mrs. M. A. Ball  
No. 185, 2nd cor. Central st. & Monument St.

R. B. Miller

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Neger

3. Date of Birth Dec 7 - 1879

4. Place of Birth (Street and Number) 48 S. Bethel St.

5. Full Name of Mother Fanny Betchers

6. Mother's Maiden Name Fisher

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm John Betchers

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Maria Stein

Address 151 E Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35337

DEC  
11  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 White  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 7 December  
4. Place of Birth (Street and Number) 85 Allemanale St  
5. Full Name of Mother Cecilia Donohue  
6. Mother's Maiden Name Cecilia Finley  
7. Mother's Birthplace Baltimore  
8. Full Name of Father John T Donohue  
9. Father's Occupation Constable of Court  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return Mrs Eliza Fleming  
Address 95 Allemanale St  
Remarks Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33538

DEC  
11  
1879  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *whit*
3. Date of Birth *Dec. 7. 1879*
4. Place of Birth (Street and Number) *S. Chase St*
5. Full Name of Mother *M. Alm Phillips*
6. Mother's Maiden Name *" " Boorhus*
7. Mother's Birthplace *Va*
8. Full Name of Father *Levin Phillips*
9. Father's Occupation *Litho carrier*
10. Father's Birthplace *Rhode Island*
- Name of Medical Attendant, or other Person who makes this Return. *G. Lewis Daneyhill M.D.*
- Address *129 W. Biddle St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5th  
Male  
White  
Dec 7th  
No 241 St Anne St  
Columbia Island  
Baltimore  
Virginia  
Miss J. Bland  
free  
Virginia  
101 St Anne St  
Baltimore

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35560

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC  
12  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 27th 1879

4. Place of Birth, (State Number) No 244 Eastern Ave

5. Full Name of Mother Mrs. Clara Ulbrich

6. Mother's Maiden Name Meyer

7. Mother's Birthplace Pratt's Cove

8. Full Name of Father Antony Ulbrich

9. Father's Occupation Laborer

10. Father's Birthplace Pratt's Cove

Name of Medical Attendant, or other Person who makes this Return. Mrs. Getzke

Address No 55 S Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th 1879

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 7th 1879

4. Place of Birth (Street and Number) No 243 N. Lombard St.

5. Full Name of Mother Mary Adler

6. Mother's Maiden Name " Gepsenheimer

7. Mother's Birthplace York, Pennsylvania

8. Full Name of Father Abraham Simons Adler

9. Father's Occupation Wholesale Boot & Shoe Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Dr. Wm. W. W. W.

Address No 243 N. Lombard St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35562

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7 December
4. Place of Birth (Street and Number) 105 Biddle st.
5. Full Name of Mother Maggie Roulston
6. Mother's Maiden Name Maggie McLean
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Robert Roulston
9. Father's Occupation Clerk
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. W. W. Gray
- Address 13 Holland St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35563

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup> child  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Dec 7<sup>th</sup> 1879  
 4. Place of Birth, (Street and Number) No. 334 Hanover st  
 5. Full Name of Mother Ludmicka Raitze  
 6. Mother's Maiden Name Abeneh  
 7. Mother's Birthplace Germany  
 8. Full Name of Father John Raitze  
 9. Father's Occupation Butcher  
 10. Father's Birthplace America  
 Name of Medical Attendant, or other Person who makes this Return. J. Schwaerz midwife  
 Address 330 Hanover st  
 Remarks This child was born to soon, eight months child  
died with spasm age two hours.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

355611

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC 8 1873  
MOPE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

7 December

4. Place of Birth (Street and Number)

68 Fremont St

5. Full Name of Mother

Elizabeth Duke

6. Mother's Maiden Name

Almeier

7. Mother's Birthplace

N P

8. Full Name of Father

Leonhard Duke

9. Father's Occupation

Blacksmith

10. Father's Birthplace

N P

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Anna Cooper

Address

52 W Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7 December
4. Place of Birth (Street and Number) 58 Lancaster St
5. Full Name of Mother Marie Röder
6. Mother's Maiden Name Wärner
7. Mother's Birthplace N D
8. Full Name of Father Henri Röder
9. Father's Occupation carpenter
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 W. Lombard
- Remarks

DEC 8 1893

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 27<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

97 William St.

5. Full Name of Mother

Mary White

6. Mother's Maiden Name

Lawrence

7. Mother's Birthplace

Maryland

8. Full Name of Father

Geo. H. White

9. Father's Occupation

Mariner

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

R. L. Lee

Address

New Hanover Bldg.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35567

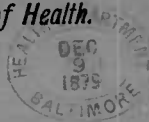
To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex (state whether ~~Male~~ Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *5<sup>th</sup> 10<sup>th</sup> P.M. 7th December, 1879*  
4. Place of Birth (Street and Number) *182 N. Gay St cor of Eager, Balt<sup>c</sup>ty*  
5. Full Name of Mother *Sarah Ann Albert*  
6. Mother's Maiden Name *Sarah Ann McPhail*  
7. Mother's Birthplace *Baltimore City, Maryland*  
8. Full Name of Father *William Albert*  
9. Father's Occupation *Saloon Keeper*  
10. Father's Birthplace *Baltimore County, Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *Wm. J. Strong M.D.*  
Address *236 N. Howard St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3?

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 7  
Lexington near Chateaufort  
Ann Brown  
Ann Adams  
Baltimore  
Sol Brown  
Clergyman  
Kent Co.

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. H. Milson  
257 Mad. Ave.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 35869
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Coloured
3. Date of Birth 8 of Dec 1877
4. Place of Birth (Street and Number) Rabourg st 65
5. Full Name of Mother Mary Edwards
6. Mother's Maiden Name Mary Hawkins
7. Mother's Birthplace Baltimore. M. D
8. Full Name of Father Samuel Edwards
9. Father's Occupation Coachman
10. Father's Birthplace Baltimore M. D
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Bial
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

33570

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *9 December*
4. Place of Birth (Street and Number) *80 Bank St*
5. Full Name of Mother *Lizzie Klausdorfer*
6. Mother's Maiden Name *Keller*
7. Mother's Birthplace *N. P.*
8. Full Name of Father *John Klausdorfer*
9. Father's Occupation *Clare*
10. Father's Birthplace *N. P.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Casper*
- Address *62 Lombard*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *8 December*
4. Place of Birth (Street and Number) *71 Spring St*
5. Full Name of Mother *Kathleen Adams*
6. Mother's Maiden Name *Donahue*
7. Mother's Birthplace *N. P.*
8. Full Name of Father *George Adams*
9. Father's Occupation *Bookbinder*
10. Father's Birthplace *N. P.*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Anna Casper*
- Address *12 W. Lombard*
- Remarks

# RETURN OF A BIRTH, 35072

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth

December 8 1879

4. Place of Birth, (Street and Number)

No 60 Helicon alley

5. Full Name of Mother

Charlotte Drager

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles Drager

9. Father's Occupation

barber

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Midwife

Address

Spangennan Sparker

Remarks

No 6 Larsons court

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parent or parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth December 8th 1879  
4. Place of Birth (Street and Number) # Lexington St #220  
5. Full Name of Mother Catharine Bohm  
6. Mother's Maiden Name Catharine Konstiehl  
7. Mother's Birthplace Aachen, Wimer  
8. Full Name of Father Christian Bohm  
9. Father's Occupation Restaurant keeper  
10. Father's Birthplace Aachen Wimer  
Name of Medical Attendant, or other Person who makes this Return. Mary Koch  
Address # 328 N. Euter St  
Remarks Has been reported 13<sup>th</sup> Inst.

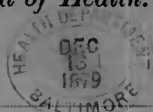
~~One child~~ One child died 14<sup>th</sup> Inst. from Lock Jaw.  
1879.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

25575

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 8th*

4. Place of Birth (Street and Number) *North Market Street No 3*

5. Full Name of Mother *Mrs. J. F. O'Reilly*

6. Mother's Maiden Name *Theresa Hoffman*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John F. O'Reilly*

9. Father's Occupation *Bar keeper*

10. Father's Birthplace *Louisville Ky*

Name of Medical Attendant, or other Person who makes this Return.

Address *Lumber King's Habitation*

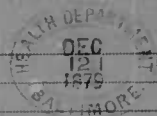
Remarks *At Transit No 26. Baltimore*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8-
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 10th 8 1879
4. Place of Birth (Street and Number) 41 Gordon St
5. Full Name of Mother Anna Macarty
6. Mother's Maiden Name Keely
7. Mother's Birthplace Ireland
8. Full Name of Father Nicholas Macarty
9. Father's Occupation Wrecking
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Chas Lane, Family Hire
- Address 129 W. Reddick
- Remarks I was not present until the next day.  
child and mother doing well.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 8, 1899

4. Place of Birth (Street and Number) 52 Offord street

5. Full Name of Mother Mary, E. Hart

6. Mother's Maiden Name

7. Mother's Birthplace West Virginia

8. Full Name of Father Wesley Hart

9. Father's Occupation Cook

10. Father's Birthplace Baltimore, County

Name of Medical Attendant, or other Person who makes this return Hepter, Ardley M.D.

Address 85 Archard street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *8 December*

4. Place of Birth (Street and Number) *44 Barnes St.*

5. Full Name of Mother *Maria Hauranek*

6. Mother's Maiden Name *" Haulik*

7. Mother's Birthplace *Melitz Bohemia*

8. Full Name of Father *Franc Hauranek*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Melitz Bohemia*

Name of Medical Attendant, or other Person who makes this Return *J. Konrad*

Address *20 Barnes St.*

Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35580

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 8<sup>th</sup> 1877

4. Place of Birth (Street and Number)

192 Madison Ave

5. Full Name of Mother

Matilda Spies

6. Mother's Maiden Name

" Wendel

7. Mother's Birthplace

City

8. Full Name of Father

Ludwig Spies

9. Father's Occupation

Butcher

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35381

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 8<sup>th</sup> 1879

4. Place of Birth (Street and Number)

130 S. Caroline St

5. Full Name of Mother

Ida Snyder

6. Mother's Maiden Name

" Waller

7. Mother's Birthplace

City

8. Full Name of Father

James Snyder

9. Father's Occupation

Butcher

City

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Mrs E. Betz

Address

245 Chestnut Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35382

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 8, 1879
4. Place of Birth, (Street and Number) 658 W. Baltimore St
5. Full Name of Mother Elizabeth Kraus
6. Mother's Maiden Name Heffmann
7. Mother's Birthplace Hessen Darmstadt
8. Full Name of Father Louis L. Kraus
9. Father's Occupation Store Keeper
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this Return. Susan Stewart
- Address 21, Koppelman St
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35553  
H. M.  
Female

Dec 8th

159 Johnson St

Elen Mahony

" Sumner

Ireland

James Mahony

Laborer

Ireland

Dr. J. P. Keenan  
315 Light Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1s, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race).

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35584  
1st  
Male  
White  
Dec 8<sup>th</sup> 1879.  
135 Riverside Av  
Jennie. Myers  
Jennie Gregory  
Baltimore  
Phillip Myers  
Soldier  
Med  
H. B. Appleton  
17 Tranna av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 8th 1879*
4. Place of Birth (Street and Number) *501 Low St.*
5. Full Name of Mother *Mary Leonard*
6. Mother's Maiden Name *" McLean*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick Leonard*
9. Father's Occupation *Steward at Carrollton Hotel*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *George W. W. W. W.*
- Address. *432 N. Calvert*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 1879
4. Place of Birth (Street and Number) No. 170 W. Pratt st.
5. Full Name of Mother Annie Dool
6. Mother's Maiden Name Annie Felt Hand
7. Mother's Birthplace Baltimore
8. Full Name of Father John Pool
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Jane Mercer
- Address No. 136 N. Xerry st. Baltimore Md.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

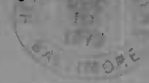
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

25587



Female  
White  
October 1st 1897  
John & Mary Street  
Eliza Jane Boyce  
Eliza Jane Wilkin  
Baltimore Md  
John J. Boyce  
Mariner  
John J. Boyce  
West Baltimore Extended  
from all rights

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35338

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 8th 1877

4. Place of Birth (Street and Number)

128 Spring St.

5. Full Name of Mother

Ema Holman

6. Mother's Maiden Name

Ema Brack

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Lewis Holman

9. Father's Occupation

Building Contractor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Geo. H. S. Bull

Address

15155 Cent St. & Monument St.

Remarks

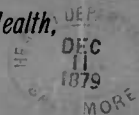
All Well



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec 5th 1879  
4. Place of Birth (Street and Number) Patterson Ave No 67  
5. Full Name of Mother Mary Elizabeth Strohm  
6. Mother's Maiden Name Mary E. Roberts  
7. Mother's Birthplace Calvert County Md  
8. Full Name of Father Thomas August Strohm  
9. Father's Occupation Sales Clerk  
10. Father's Birthplace Baltimore City  
Name of Medical Attendant, or other Person who makes this Return. L. S. Spanow M.D.  
Address N. Stricker St No 427  
Remarks Child healthy

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3d)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 8th 1879

4. Place of Birth (Street and Number)

232 E. Chase St.

5. Full Name of Mother

H. E. Lewis

6. Mother's Maiden Name

" " Driggers

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John P. Lewis

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Margie A. Windsor

Address

198 Harford Ave

Remarks

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

56

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

May 8, 1879

4. Place of Birth, (Street and Number)

W. Marchmont St. No. 1

5. Full Name of Mother

Elizabeth Graft

6. Mother's Maiden Name

Butler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wendell Graft

9. Father's Occupation

Leather

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Piquet

Address

W. Grafts - No. 14

Remarks

Wm. Grafts

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35392

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 8th 1879
4. Place of Birth, (Street and Number) 205 Bank Street
5. Full Name of Mother Mary Ann Whitford
6. Mother's Maiden Name " " McCosker
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George Washington Whitford
9. Father's Occupation Engineer
10. Father's Birthplace Harford County, Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Jones - Md.
- Address 66 E Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

715  
Female  
White  
Dec 8 1879  
15 Cirkuth St.  
Rosa Hamburg  
Rosa Hamburg  
Germany  
Louis Hamburg  
Merchant  
Germany  
Abraham Amos

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

352911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT  
DEC 12 1879  
MCKE

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 8th 1879

4. Place of Birth, (Street and Number) No 55 S Bond St

5. Full Name of Mother Mrs Frehna Stein

6. Mother's Maiden Name Wirth

7. Mother's Birthplace Germany

8. Full Name of Father August Stein

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Getzke

Address No 55 S Bond St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC  
12  
1879

MORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth December the 8<sup>th</sup>
4. Place of Birth, (Street and Number) No 191 Dulles Street
5. Full Name of Mother Mary Woerler
6. Mother's Maiden Name Dorler
7. Mother's Birthplace Germany
8. Full Name of Father Mathias Woerler
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Stephen Simon
- Address No 70 South Street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth

December the 8<sup>th</sup>

4. Place of Birth, (Street and Number)

No 5 Central Ave

5. Full Name of Mother

Louisa Platt

6. Mother's Maiden Name

Warriman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frederick Platt

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Hopkins Simon

Address

No 70 Green Bay Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Dec. 10<sup>th</sup> 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 3 1879

4. Place of Birth (Street and Number) 136 Ann St.

5. Full Name of Mother Louisa K. Korman

6. Mother's Maiden Name Louisa Korman

7. Mother's Birthplace America

8. Full Name of Father George Korman

9. Father's Occupation Carpenter

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary L. L. L.

Address 32 South Street

Remarks

That every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 8th 1899*

4. Place of Birth (Street and Number) *11230 Lexington Pl*

5. Full Name of Mother *Catherine Boken*

6. Mother's Maiden Name *" Lenestable*

7. Mother's Birthplace *Nachson, Meiner*

8. Full Name of Father *Christian Boken*

9. Father's Occupation *Restaurant Keeper*

10. Father's Birthplace *Nachson, Meiner*

Name of Medical Attendant, or other Person who makes this Return. *Mary Brock.*

Address *328 D. Euterio St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *N 2* *first child*  
1. Sex (state whether Male or Female) *Male* *Born Dec the 8 1899*  
2. Race or Color (if not of the white race) *Colored*  
3. Date of Birth *Dec the 8*  
4. Place of Birth (Street and Number) *No 2* *first child*  
5. Full Name of Mother *Lilly Young Mother*  
6. Mother's Maiden Name  
7. Mother's Birthplace *Mother Born Baltimore to M G*  
8. Full Name of Father *Arthur Wm. Scott*  
9. Father's Occupation *Shoemaker*  
10. Father's Birthplace *Washington*  
Name of Medical Attendant, or other Person who makes this Return. *Wiley Blais*  
Address *No 15 Carlton street*  
Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 9 1879

4. Place of Birth, (Street and Number) 443 south Bond st

5. Full Name of Mother Catherine C. Pittman

6. Mother's Maiden Name Catherine C. Campbell

7. Mother's Birthplace Baltimore city

8. Full Name of Father Eliaz Pittman

9. Father's Occupation Mariner

10. Father's Birthplace Cape Bretain Island

Name of Medical Attendant, or other Person who makes this return. Mary Conner

Address 153 Collington ave

Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth December 9 1879

4. Place of Birth, (Street and Number) 242 south Bond st

5. Full Name of Mother Catherine C. Pittman

6. Mother's Maiden Name Catherine C. Campbell

7. Mother's Birthplace Baltimore city

8. Full Name of Father Elias Pittman

9. Father's Occupation Mariner

10. Father's Birthplace Cape Breton island

Name of Medical Attendant, or other Person who makes this Return Mary Connor

Address 153 Collington ave

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

33603  
3d

Female

White

December 9, 1879

40 Henrietta St

Henrietta James

Henrietta Thomas

Maryland

Capt. Levin James

Mariner

Maryland

H. B. Noble Incl

17 Warren av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *9 December*
4. Place of Birth (Street and Number) *14 Concord St*
5. Full Name of Mother *Marie Lorr*
6. Mother's Maiden Name *Battery*
7. Mother's Birthplace *11 D*
8. Full Name of Father *John Lorr*
9. Father's Occupation *Workingman*
10. Father's Birthplace *11 D*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Kasper*
- Address *52 Concord St*
- Remarks

DEC  
16  
1879

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 8-4-44 GIVEN NAME ADDED 8-5-44

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Anthony W. Bennett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) White

3. Date of Birth December 9, 1878

4. Place of Birth (Street and Number) 1<sup>st</sup> Ann. St. No. 90.

5. Full Name of Mother Kate Bennett

6. Mother's Maiden Name Kate Lynch

7. Mother's Birthplace Baltimore City

8. Full Name of Father Robert H. Bennett. Bennett

9. Father's Occupation Store Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Huller

Address N. Dallas St. No. 26.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Mixed*
3. Date of Birth *Dec. 9<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *No. 60 Biddle St.*
5. Full Name of Mother *Charlotte Carter*
6. Mother's Maiden Name *Charlotte Johnston*
7. Mother's Birthplace *Harford Co. Md.*
8. Full Name of Father *Manuel Carter*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Virginia.*
- Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardiner M.D.*
- Address *No. 125 W. Greene St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH.

35608

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female) *Female*

2. Race or Color (*if not of the white race*)

3. Date of Birth *Dec 9, 79.*

4. Place of Birth (Street and Number) *300 Lexington a*

5. Full Name of Mother *George Emil Hennrich*

6. Mother's Maiden Name *Schley*

7. Mother's Birthplace *Balto*

8. Full Name of Father *Chas. C. Hennrich*

9. Father's Occupation *Cluck*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return.

Address *349 here*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 9<sup>th</sup> 1899

4. Place of Birth (Street and Number) 33 State Street

5. Full Name of Mother

6. Mother's Maiden Name Celia Holliday

7. Mother's Birthplace Baltimore City

8. Full Name of Father William H. Thomas

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this return Lester Roddley M.D.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35610

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth December 9<sup>th</sup> 79
4. Place of Birth (Street and Number) N. W. Corner Linden Ave Hoffman St
5. Full Name of Mother Malvina Virginia Dodson
6. Mother's Maiden Name Malvina V. Baugs
7. Mother's Birthplace Baltimore
8. Full Name of Father C. Marion Dodson
9. Father's Occupation Apothecary
10. Father's Birthplace St. Michael's Md
- Name of Medical Attendant, or other Person who makes this Return. Edmund E. Walker Md
- Address 183 Linden Ave
- Remarks L. O. A. 5 hours long

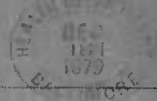
FILED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS IN THE CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35611

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>d</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec the 9<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 91 Cambridge St  
5. Full Name of Mother Lisette E. E.  
6. Mother's Maiden Name Trühwald  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Carl E.  
9. Father's Occupation Laborer  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft  
Address 236 Canton ave  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35612

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>d</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec the 9<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 242 Canton ave  
5. Full Name of Mother Lisetta Sinners  
6. Mother's Maiden Name " Molak  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Andreas Sinners  
9. Father's Occupation Machinist  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Louise Kraft  
Address 236 Canton ave  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (as to their physical condition, whether still born or not,) the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

356/3

*To the Office of Registrar of Vital Statistics, Board of Health.*

## BALTIMORE CITY.

22TH LEPA  
DEC  
16  
1879  
ORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3rd*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (~~if not~~ of the white race)  
 3. Date of Birth *December 9th 1879*  
 4. Place of Birth (Street and Number) *194 E. Fayette St*  
 5. Full Name of Mother *Cath. E. Adams*  
 6. Mother's Maiden Name *Catherine Slageman*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Sydney C. Adams*  
 9. Father's Occupation *Painter*  
 10. Father's Birthplace *Somerset County Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Carey Thuma*  
 Address *217 Madison St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35614

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Decem. 9th 1879

4. Place of Birth (Street and Number)

101 Eastern Ave

5. Full Name of Mother

Anna Debus

6. Mother's Maiden Name

" Heck

7. Mother's Birthplace

Germany

8. Full Name of Father

Gerlach Debus

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35615

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup> child.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

W. Lite.

3. Date of Birth.

9<sup>th</sup> December.

4. Place of Birth (Street and Number)

86 Linden Av.

5. Full Name of Mother

Mrs. M<sup>rs</sup>. Ginnis.

6. Mother's Maiden Name

Annie M<sup>rs</sup>. Desmett.

7. Mother's Birthplace

Ireland.

8. Full Name of Father

Thomas M<sup>rs</sup>. Ginnis.

9. Father's Occupation

Coachman

10. Father's Birthplace

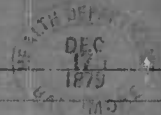
Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Summerville 38 Penn Av.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the state of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35616  
5th  
Female

Dec - 9 -

2 Church St

Miss Dorcas Murphy

Stide

Germany

James Murphy

Labourer

Maryland

D. D. McKinnis, M.D.

315 Light St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 9th 1879

4. Place of Birth (Street and Number) 1105 S. Washington St.

5. Full Name of Mother Annie M. Stuhmann

6. Mother's Maiden Name Annie M. Engelhardt

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles H. Stuhmann

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. L. Williams M.D.

Address 77 S. Maryland

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden-name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *December 1st 1871*
- Place of Birth (Street and Number) *No. 235 Eager St*
- Full Name of Mother *L. Johnson*
- Mother's Maiden Name *E. Stahl*
- Mother's Birthplace *Germany*
- Full Name of Father *Henry Johnson*
- Father's Occupation *Cigar Manufacturer*
- Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H.*
- Address *1152 Monument*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 35619

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male 9th

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec. 9th 1879.

4. Place of Birth, (Street and Number)

225 Jefferson St.

5. Full Name of Mother

Mary F. Wright

6. Mother's Maiden Name

Kipe

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Stephen H. Wright

9. Father's Occupation

Chamberlain

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mary A. Allwell

Address

286 Mt. Donagh St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35620

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1st Child  
Twin male boys

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

135 Henrietta Street

7 of December

Sarah Russel

Sarah Husson

Easton, Maine

Mat Russel

Sailor

S. Colvert Md

Milly Cross

181 York Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35627

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 10, 79*

4. Place of Birth (Street and Number) *2600 Boston St.*

5. Full Name of Mother *Maggie Hill*

6. Mother's Maiden Name *Maggie Larch*

7. Mother's Birthplace *Germany*

8. Full Name of Father *John H. Hill*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. James H. Keating*

Address *167 N. Howard St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35622

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race)

3. Date of Birth

9 December 1879

4. Place of Birth (Street and Number)

38 Bayard Street

5. Full Name of Mother

Dora Hammer

6. Mother's Maiden Name

Dora Dietz

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Hammer

9. Father's Occupation

Oil Business

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Theresa Weiss

Address

8 Sanderson Street

Remarks

See Record of Birth Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35623

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 9, 1899

4. Place of Birth (Street and Number) 8 Peterson Ave

5. Full Name of Mother Marion Brown

6. Mother's Maiden Name " " Hamilton

7. Mother's Birthplace Ireland

8. Full Name of Father William John Brown

9. Father's Occupation Gardener

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. W. F. Hank, M.D.

Address 369 Druid St. Baltimore

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35624

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth March 9th
4. Place of Birth, (Street and Number) Baltimore No 52
5. Full Name of Mother Julie Matthews
6. Mother's Maiden Name " White
7. Mother's Birthplace Baltimore
8. Full Name of Father Joe Matthews
9. Father's Occupation Subor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Ameline Wilson
- Address 387 Green Street
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31695

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

William Thomas

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 9th 79
4. Place of Birth (Street and Number) # 57 Barclay St
5. Full Name of Mother Mary Schmidt
6. Mother's Maiden Name Smith
7. Mother's Birthplace Hossendarmstadt, Germany
8. Full Name of Father Theodor Schmidt
9. Father's Occupation Card maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Smith
- Address 328 N. Euterpe St
- Remarks GIVEN NAME ADDED, 1-26-53.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35626

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *December 9th 77*  
4. Place of Birth (Street and Number) *27th Hamburg St*  
5. Full Name of Mother *Augusta Seibert*  
6. Mother's Maiden Name *J. Lact*  
7. Mother's Birthplace *Prussia*  
8. Full Name of Father *Jacob Seibert*  
9. Father's Occupation *Cabinet maker*  
10. Father's Birthplace *Hessendarmstadt*  
Name of Medical Attendant, or other Person who makes this Return. *Mary Stroch*  
Address *# 328 S. Eutan St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

30627

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 16 1899

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15th of December
4. Place of Birth (Street and Number) Belmont Street No. 16
5. Full Name of Mother Mrs. Laura Harrison Rich
6. Mother's Maiden Name Mrs. Laura Harrison
7. Mother's Birthplace Baltimore
8. Full Name of Father Thos. Harrison Rich
9. Father's Occupation Surgeon
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Seebach
- Address 439 W Pratt St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

25628

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5th Child*
1. Sex (state whether male or female) *male Child*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *16th December*
4. Place of Birth (Street and Number) *207 Hamburg street*
5. Full Name of Mother *Mary Cornish*
6. Mother's Maiden Name *Mary Ballet*
7. Mother's Birthplace *Robert County*
8. Full Name of Father *Jose Cornish*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Milly O. Gross*
- Address *181 York street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. December 14 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 10 1879
4. Place of Birth (Street and Number) 75 1/2 Eastern St.
5. Full Name of Mother Hannah Elizabeth Beate
6. Mother's Maiden Name Hannah Elizabeth Nolan
7. Mother's Birthplace Baltimore
8. Full Name of Father George Beate
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs. Louisa Smith
- Address The Child name, Hargrate Elizabeth Beate
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 16 December
4. Place of Birth (Street and Number) 114 Carolina
5. Full Name of Mother Matie Weber
6. Mother's Maiden Name Schuyman
7. Mother's Birthplace N. P.
8. Full Name of Father Philip Weber
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Sara Casper
- Address 12 Lombard
- Remarks \_\_\_\_\_

For Return of Birth in the City of Baltimore

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 10<sup>th</sup> 1879

4. Place of Birth (Street and Number)

No. 134 Mosher St.

5. Full Name of Mother

Jennie Burkley Hansen

6. Mother's Maiden Name

Baughen

7. Mother's Birthplace

Monroe County, Mississippi

8. Full Name of Father

George Frederick Hansen

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

3  
Male  
White  
December 16, 1879  
Dallis St  
Mary Butsner  
Mary Hoff  
Baltimore  
Michael Butsner  
Gaber  
Baltimore  
Mary Hoff  
99 Lancaster St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35633

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
- Sex (state whether Male or Female) *female*
- Race or Color (if not of the white race) *colored*
- Date of Birth *December the 10 1899*
- Place of Birth (Street and Number) *Barper st 1019*
- Full Name of Mother *Mary camp*
- Mother's Maiden Name *glasco*
- Mother's Birthplace *Baltimore*
- Full Name of Father *William camp*
- Father's Occupation *Oysters Business*
- Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *E. Ellen Sted*

Address *42 2nd sharp st*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35634

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1
1. Sex (state whether male or female).....Male
2. Race or Color (if not of the white race).....Celtic
3. Date of Birth.....December 10
4. Place of Birth (Street and Number).....Chapin St. 142
5. Full Name of Mother.....Mary Solomon
6. Mother's Maiden Name.....Mary Ann
7. Mother's Birthplace.....Easton Shore Md.
8. Full Name of Father.....Solomon Solomon
9. Father's Occupation.....Labor
10. Father's Birthplace.....Easton Shore Md.
- Name of Medical Attendant, or other Person who makes this Return.....Elvira Harris
- Address.....Wine St 184
- Remarks.....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35635

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 10<sup>th</sup> Decr. 1879
4. Place of Birth, (Street and Number) 241 Light St
5. Full Name of Mother Elyza Bush
6. Mother's Maiden Name Hindman
7. Mother's Birthplace Balt.
8. Full Name of Father James Bush
9. Father's Occupation Shoe manufacturer
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this return. H. W. Webster M.D.
- Address 57 Banner
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 10<sup>th</sup> December - - - 1879
4. Place of Birth, (Street and Number) No 1 North St
5. Full Name of Mother Mary E. Weber
6. Mother's Maiden Name Mary E. Hunger
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John W. Weber
9. Father's Occupation Baker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address No 100 Pappellon St
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar not less than within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35637

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10 December*
4. Place of Birth (Street and Number) *220 Cannon St*
5. Full Name of Mother *Natalie Ann*
6. Mother's Maiden Name *Ruff*
7. Mother's Birthplace *Germania*
8. Full Name of Father *John Ann*
9. Father's Occupation *Booker*
10. Father's Birthplace *Germania*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Henshaw*
- Address *220 Barnes St*
- Remarks

First Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35635

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) White

3. Date of Birth December 10th 1879

4. Place of Birth (Street and Number) 121 S. Ann St

5. Full Name of Mother Harsh Polun

6. Mother's Maiden Name Sarah Hecht

7. Mother's Birthplace Baltimore City Md

8. Full Name of Father Lehman Polun

9. Father's Occupation Clothier

10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dushnell

Address 207 S. Broadway

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35639

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th Dec 1880
4. Place of Birth (Street and Number) 106 Boston St
5. Full Name of Mother Mrs. Annie Thompson
6. Mother's Maiden Name Annie Thompson
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles W. Dick
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. Wm. H. H. H.
- Address No 12, Patterson Park
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH.

35640

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *December the 10*
4. Place of Birth (Street and Number) *41 Leade Hall St*
5. Full Name of Mother *Mary Cooper*
6. Mother's Maiden Name *Mag Eppard*
7. Mother's Birthplace *Born in Baltimore*
8. Full Name of Father *William Eppard*
9. Father's Occupation *D Lumberman*
10. Father's Birthplace *Born in Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm Lupton, M.D.*
- Address *portappa avenue*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

35641  
35642

HEALTH DEPT  
DEC  
17  
1879  
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 + 4 (Twins)  
 1. Sex (state whether Male or Female) Males  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 10 Dec 1879  
 4. Place of Birth (Street and Number) 3611 San Joaquin  
 5. Full Name of Mother Ethelene Bundell  
 6. Mother's Maiden Name Ethelene Bankard  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Louis Wesley Bundell  
 9. Father's Occupation Coffee Broker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. C. B. Chambers M.D.  
 Address 108 Calver Street  
 Remarks Dr. Morrison was present at the birth & may have reported.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

356143

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 10 Decr 1879

4. Place of Birth (Street and Number) 95 Thuring St.

5. Full Name of Mother Mary Ann Frankling

6. Mother's Maiden Name Mary Ann Kaurisch

7. Mother's Birthplace New York

8. Full Name of Father Nathan Frankling

9. Father's Occupation Station Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. H. H.

Address 1170 70 Street. West

Remarks Mother had child Aug 1879

For Reports of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35644



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

December 10th

4. Place of Birth (Street and Number)

700 St Charles St

5. Full Name of Mother

Maggie Dorsey

6. Mother's Maiden Name

Cotton

7. Mother's Birthplace

Maryland

8. Full Name of Father

Edwin Dorsey

9. Father's Occupation

Mechanic

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

R. B. Davis M.D.

Address

315 Light St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35646

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth (6th)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 10th 1879

4. Place of Birth (Street and Number)

2338 Biddle St

5. Full Name of Mother

Helen Beusel

6. Mother's Maiden Name

Jick

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Beusel

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. W. Edwards

Address

2338 Biddle St

Remarks

1

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35446

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 10<sup>th</sup> 1879
4. Place of Birth (Street and Number) 234. German
5. Full Name of Mother Annice Swannley
6. Mother's Maiden Name Annice Conley
7. Mother's Birthplace New York State
8. Full Name of Father Wm. J. Swannley
9. Father's Occupation Clerk
10. Father's Birthplace New York State
- Name of Medical Attendant, or other Person who makes this Return. Edw. D. Nichol
- Address 279. W. Lombard
- Remarks

Not to be filled out by the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35647  
JAN 6 1880  
HEALTH DEPARTMENT  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

W

3. Date of Birth

Friday Dec 10 / 79

4. Place of Birth (Street and Number)

22 Babel st

5. Full Name of Mother

Mary Stewart

6. Mother's Maiden Name

Mary Clark

7. Mother's Birthplace

Balt

8. Full Name of Father

George F. Stewart

9. Father's Occupation

Machinist

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

J H Patterson M.D.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35611-8

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 December

4. Place of Birth, (Street and Number) Lalton St. 96

5. Full Name of Mother Lifene Shriver

6. Mother's Maiden Name Lifene Vogel

7. Mother's Birthplace Princeton, N.J.

8. Full Name of Father Richard Jordan

9. Father's Occupation Tailor

10. Father's Birthplace Saxton - Weimar - Brunswick

Name of Medical Attendant, or other Person who makes this return. Baltimore

Address Home Lumber Co. Schuler

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35649

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 10 of December 1879
4. Place of Birth, (Street and Number) 732 W. Baltimore St
5. Full Name of Mother Anna Beckwith
6. Mother's Maiden Name Vanice
7. Mother's Birthplace Alum. Baltimore Md
8. Full Name of Father John Beckwith
9. Father's Occupation Artist - Painter
10. Father's Birthplace Germany - Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Anna Dundas & Schreier
- Address Anna Dundas & Schreier
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35630

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 10th*

4. Place of Birth (Street and Number) *No. Westcott Alley*

5. Full Name of Mother *Miss J. Stewart*

6. Mother's Maiden Name *Miss J. Stern*

7. Mother's Birthplace *Westminster Md*

8. Full Name of Father *S. H. Stewart*

9. Father's Occupation *Butler*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Annie Ruff Midwife*

Address *Chestnut St. near Leno*

Remarks *Attendance is all right she seems to be healthy and strong as I left her*

*Westcott St 120*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35651

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth Dec 10

4. Place of Birth (Street and Number) 46 East St

5. Full Name of Mother Jennie Phillips

6. Mother's Maiden Name Jennie Middleton

7. Mother's Birthplace Fredricksburg

8. Full Name of Father Joseph Phillips

9. Father's Occupation printer

10. Father's Birthplace Fredricksburg

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Carr Johnson

Address no 32 E 2nd St

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35652

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth December 10th 79  
4. Place of Birth (Street and Number) 120. Commune St  
5. Full Name of Mother Catharine Bachman  
6. Mother's Maiden Name " Shorman  
7. Mother's Birthplace Luthersen  
8. Full Name of Father Adam Bachman  
9. Father's Occupation Laborer  
10. Father's Birthplace Sachsen.  
Name of Medical Attendant, or other Person who makes this Return. Mary Koch  
Address 328 S. Euterpe  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35653

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 10 1879

4. Place of Birth (Street and Number) 297 Hanover st

5. Full Name of Mother Mary Philbrick Felt house

6. Mother's Maiden Name King

7. Mother's Birthplace Baltimore

8. Full Name of Father Phillip Felt house

9. Father's Occupation Tin & sheet iron worker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35654

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December the 10<sup>th</sup>
4. Place of Birth, (Street and Number) Ally East of Eden St
5. Full Name of Mother Annie Hauch
6. Mother's Maiden Name Mau-tran
7. Mother's Birthplace Germany
8. Full Name of Father Robert Hauch
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return W. H. H. H. H.
- Address 1270 Gough St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35656

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th*
- Sex (state whether Male or Female) *Male*
- Race or Color (if not of the white race) *Coloured*
- Date of Birth *Dec 11th 1879*
- Place of Birth (Street and Number) *Balto Wmner 788*
- Full Name of Mother *Menerva Scott*
- Mother's Maiden Name *Menerva Campbell*
- Mother's Birthplace *Pulaski Va*
- Full Name of Father *Edward Scott*
- Father's Occupation *Cabinet Maker*
- Father's Birthplace *Bedford Va*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Francis Granby*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35683

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
  2. Race or Color (if not of the white race) Coloured
  3. Date of Birth Dec 11<sup>th</sup> 1879
  4. Place of Birth (Street and Number) Balto Wmner 788
  5. Full Name of Mother Minerva Scott
  6. Mother's Maiden Name Minerva Lambell
  7. Mother's Birthplace Pulaski Va
  8. Full Name of Father Edward Scott
  9. Father's Occupation Cabinet maker
  10. Father's Birthplace Bedford Va

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Francis Granby



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35656

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*  
 1. Sex (state whether Male or Female) *male.*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *11 of December*  
 4. Place of Birth (Street and Number) *No 16 Bennett Street.*  
 5. Full Name of Mother *Mary Lizzie Bentit*  
 6. Mother's Maiden Name *Mary Lizzie Pugh*  
 7. Mother's Birthplace *Baltimore MD*  
 8. Full Name of Father *John Bentit*  
 9. Father's Occupation *labor*  
 10. Father's Birthplace *Baltimore Md.*  
 Name of Medical Attendant, or other Person who makes this return *Mary L. Swayne.*  
 Address *59 Ligon Street*  
 Remarks *a c, Daring: 11 Keels.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35657

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 11 December
4. Place of Birth (Street and Number) 18 Granby St
5. Full Name of Mother Marie Walter
6. Mother's Maiden Name Katze
7. Mother's Birthplace Germany
8. Full Name of Father Eugene Walter
9. Father's Occupation Workman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Casper
- Address 12 E. Lombard
- Remarks \_\_\_\_\_

35658

*Health.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 11 December
4. Place of Birth (Street and Number) 11. 7th Ward
5. Full Name of Mother Marie Hagen
6. Mother's Maiden Name Kang
7. Mother's Birthplace N. D.
8. Full Name of Father Fred Hagen
9. Father's Occupation Workingman
10. Father's Birthplace N. D.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address 12 E. Lombard
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar-General, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35659

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec 11th 1879

4. Place of Birth, (Street and Number)

No 165 Hanover St  
Elisabeth Schmidt

5. Full Name of Mother

6. Mother's Maiden Name

Welf.

7. Mother's Birthplace

Germany

8. Full Name of Father

Jacob Schmidt

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

M. Schlegel midwife

Address

130 Hanover St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 35660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT  
DEC.  
16  
1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth Dec 11th 1879

4. Place of Birth, (Street and Number) No 294 Gros St  
Bathorn, Becker  
Wiesbrodt

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace America

8. Full Name of Father Henry Becker

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser Midwife

Address 330 Hanover St.

Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
- Sex (state whether male or female) \_\_\_\_\_
- Race or Color (if not of the white race) *White*
- Date of Birth *December 11, 1879.*
- Place of Birth (Street and Number) *E. Monument St. No 499.*
- Full Name of Mother *Maria Schraudner*
- Mother's Maiden Name *Maria Geyner*
- Mother's Birthplace *Baltimore City*
- Full Name of Father *Leonhard Schraudner*
- Father's Occupation *Laborer*
- Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Muller*
- Address *N. Gallas St. No 26.*
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35662

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 11 Dec
4. Place of Birth, (Street and Number) 25 Monument St
5. Full Name of Mother Ellen Davis
6. Mother's Maiden Name Cochran
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo W Davis
9. Father's Occupation Upholster
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. S. S. Chrismer
- Address No 7 Furset Place
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35663

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11th December 1882

4. Place of Birth (Street and Number) 47 North Charles Street

5. Full Name of Mother Annie Catherine Radway

6. Mother's Maiden Name Annie Catherine Brooks

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Brooks

9. Father's Occupation Laborman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Dunkel

Address 11 North Charles Street for Father Dunkel

Remarks Delivered.



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35664-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth *December 11th 1877*

4. Place of Birth (Street and Number) *363 Linden Ave.*

5. Full Name of Mother *Mary Bandel*

6. Mother's Maiden Name *Barckard*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Martin Luther Bandel*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *B. B. Morrison M. D.*

Address *156 Lawale St.*

Remarks

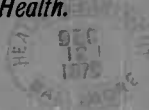
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33665

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) \_\_\_\_\_
  2. Race or Color (if not of the white race) \_\_\_\_\_
  3. Date of Birth December 11<sup>th</sup> '79
  4. Place of Birth (Street and Number) 363 Linden Ave.
  5. Full Name of Mother Mary Baudel
  6. Mother's Maiden Name Bachard
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Martin Luther Baudel
  9. Father's Occupation Merchant
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. R. B. Morrison M. D.
- Address 156 Lenox St.
- Remarks \_\_\_\_\_

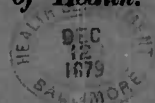
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35666

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth

11<sup>th</sup> Decr. 1874

4. Place of Birth, (Street and Number)

199 S. Charles

5. Full Name of Mother

Kate Kelly

6. Mother's Maiden Name

O'Day

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thomas Kelly

9. Father's Occupation

Shoe Repairer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

W. W. Webster

Address

57 Bane St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

123 P Eden St

5. Full Name of Mother

Bettie Keener

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Dashields Keener

9. Father's Occupation

Potter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Battese M. E.

Address

20 Broadway.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35668

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 11<sup>th</sup> 1879
4. Place of Birth (Street and Number) 26 N. Spring St.
5. Full Name of Mother Maggie Jane Biggs
6. Mother's Maiden Name W. Reynolds
7. Mother's Birthplace York Co. Pa.
8. Full Name of Father John Biggs
9. Father's Occupation Copper
10. Father's Birthplace Balto. City
- Name of Medical Attendant, or other Person who makes this Return. Francis A. James M.D.
- Address 105 N. Central Ave.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



*1st*  
*Dec 19 1879*  
*Wm. H. 179*  
*111 E. 1st St.*  
*Alice G. Lutz*  
*Alice G. Lutz*  
*Baltimore City*  
*Edmund W. Lutz*  
*Wagon Driver*  
*Baltimore City*  
*John L. C. Meyer M.D.*  
*" "*  
*City*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35670

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 11

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 11<sup>th</sup> 1899
4. Place of Birth (Street and Number) No 3, Bisdale Alley
5. Full Name of Mother Mary E. Hall
6. Mother's Maiden Name ~~Labor~~ Mary B. Fisher
7. Mother's Birthplace Frederick County
8. Full Name of Father Augustus Hall
9. Father's Occupation Labor
10. Father's Birthplace Frederick County

Name of Medical Attendant, or other Person who makes this return Lester Bondley M. D.

Address 85 Orchard Street

Remarks

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Malatto*
3. Date of Birth *Dec. 11th 1879*
4. Place of Birth (Street and Number) *No. 52. E. Monument St.*
5. Full Name of Mother *Sarah Franklin*
6. Mother's Maiden Name *Sarah Davis*
7. Mother's Birthplace *Oldham Co. Kentucky*
8. Full Name of Father *Robert Franklin*
9. Father's Occupation *Cabman*
10. Father's Birthplace *Lexington Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. W. G. Smith M.D.*
- Address *131 W. Biddle Street.*
- Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, ecoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>d</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec the 11<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *215 Canton ave*

5. Full Name of Mother *Augusta Schmar*

6. Mother's Maiden Name *" " Gunotmann*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Christopher Schmar*

9. Father's Occupation *Captain*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Kraft*

Address *236 Canton ave*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) Tall  
 3. Date of Birth Dec. 11 1878  
 4. Place of Birth (Street and Number) 37 1/2 W. 11th St.  
 5. Full Name of Mother Fely Ann Canal  
 6. Mother's Maiden Name Fely Grier  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Robert Lammie  
 9. Father's Occupation Porter  
 10. Father's Birthplace French Bury Mizia  
 Name of Medical Attendant, or other Person who makes this Return. Registrar  
 Address William W. C. 20  
 Remarks F. H. 11 11 11

DEC  
17  
1878

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child-  
born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35674

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

1<sup>st</sup>  
Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 11<sup>th</sup> 1879

4. Place of Birth (Street and Number)

228 Eastern Ave

5. Full Name of Mother

Maggie Brown  
Heinsbruch

6. Mother's Maiden Name

7. Mother's Birthplace

City

8. Full Name of Father

Henry Brown  
Cooper

9. Father's Occupation

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz  
245 Canton Ave

Address

Remarks

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35675

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 11<sup>th</sup> 1879
4. Place of Birth (Street and Number) 128 S Bethel St
5. Full Name of Mother Lenna Fredrick
6. Mother's Maiden Name " Hankam City
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father George Fredrick
9. Father's Occupation Carpenter City
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks \_\_\_\_\_

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child: within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

35676

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

December 11<sup>th</sup> 1877

4. Place of Birth (Street and Number)

94 Bank St

5. Full Name of Mother

Olivia Myers

6. Mother's Maiden Name

Myers

7. Mother's Birthplace

City

8. Full Name of Father

David Myers

9. Father's Occupation

Laborer

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betts

Address

245 Canton Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
  1. Sex (state whether male or female) *Female*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *December 11<sup>th</sup> 1878*
  4. Place of Birth (Street and Number) *46 Lexington St*
  5. Full Name of Mother *Deborah M. Maly*
  6. Mother's Maiden Name *Deborah Bryant*
  7. Mother's Birthplace *New Jersey*
  8. Full Name of Father *George Maly*
  9. Father's Occupation *Physician*
  10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*
- Address *146 Hanover St*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35678

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 1879

4. Place of Birth, (Street and Number)

211 E Lombard St.

5. Full Name of Mother

Charlotte Lawrence

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Lawrence K. Richter

8. Full Name of Father

Baltimore

9. Father's Occupation

Wagon Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

123 E. Lombard St.

Remarks

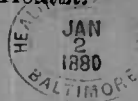
Baltimore

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within five days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec. 11th*  
 4. Place of Birth (Street and Number) *331 W. Lombard St.*  
 5. Full Name of Mother. *Emma Cohen*  
 6. Mother's Maiden Name *Emma Frank*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Isaac Cohen*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *H. J. Lusk*  
 Address *No. 2 Cathedral St.*  
 Remarks *Child - healthy*



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth December 11th. 1879  
 4. Place of Birth (Street and Number) No. 644 1/2 St. near Eager St.  
 5. Full Name of Mother Joseph Wilhelm.  
 6. Mother's Maiden Name Davis.  
 7. Mother's Birthplace Baltimore.  
 8. Full Name of Father Charles Wilhelm  
 9. Father's Occupation Labour.  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. H. A. Bull  
 Address No 185 S.E. cor Central av. & Baltimore St.  
 Remarks well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35681

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec. 11. 1879
4. Place of Birth, (Street and Number) 152 Wolfe St North
5. Full Name of Mother Charlotte Ringrose
6. Mother's Maiden Name Cratt
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas. W. Ringrose
9. Father's Occupation Caulmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mary A. Allwell
- Address 286 N. Donagh St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35682

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 11 1899*
4. Place of Birth (Street and Number) *N 195 W Townsend St*
5. Full Name of Mother *Emma Mary Gardiner*
6. Mother's Maiden Name *Emma Mary Nibbs*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Lewis D. B. Gardiner*
9. Father's Occupation *Book-keeper*
10. Father's Birthplace *Fork, Munroe Virginia*
- Name of Medical Attendant, or other person who makes this Return. *J. E. Chatain M.D.*
- Address
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35683

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2<sup>d</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 11<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *No. 116, Holliday St.*

5. Full Name of Mother *Harriett Ann Mason*

6. Mother's Maiden Name *Harriett Ann Crowley*

7. Mother's Birthplace *St. Mary's County*

8. Full Name of Father *John H. Mason*

9. Father's Occupation

10. Father's Birthplace *St. Mary's County*

Name of Medical Attendant, or other Person who makes this Return *Mrs. James*

Address *135 Chestnut St.*

Remarks



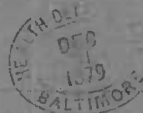
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

35684

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec. 11<sup>th</sup> 1879
4. Place of Birth (Street and Number) 78 S. Mount St
5. Full Name of Mother Sarah Wright
6. Mother's Maiden Name McNamee
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Chas. L. Wright
9. Father's Occupation Letter Carrier
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Jeff. M.D.
- Address St. W. Rayburn
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35685

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
- Sex (state whether male or female) \_\_\_\_\_
  - Race or Color, (if not of the white race) \_\_\_\_\_
  - Date of Birth Dec. 11. 1879
  - Place of Birth, (Street and Number) W. Schappel str 98
  - Full Name of Mother Barbara Beer
  - Mother's Maiden Name Leherold
  - Mother's Birthplace Frankfurt Prussia
  - Full Name of Father Johann Beer
  - Father's Occupation Putzsch
  - Father's Birthplace Frankfurt Prussia
  - Name of Medical Attendant, or other Person who makes this return. Wm. Loh, M.D.,
  - Address W. Wall str No 14
  - Remarks Ind. Inf.

rect Record of That Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 11, 1879*  
 4. Place of Birth (Street and Number) *27 S. Eden St.*  
 5. Full Name of Mother *Rachel Hager*  
 6. Mother's Maiden Name *Rachel Hartung*  
 7. Mother's Birthplace *Maryland*  
 8. Full Name of Father *John C. Hager*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Pennsylvania*  
 Name of Medical Attendant, or other Person who makes this Return. *D. W. Honek M.D.*  
 Address *35 E. Baltimore St.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dec 11, 1899

383 N. Gilmore St

Lula Little

" Ashby

Ba.

James Little

Engineer, U. S. N.

Balti

M. H. White, M.D.

341 N. Broadway



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35688

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth dec 11

4. Place of Birth (Street and Number) 68 madison st

5. Full Name of Mother Ellen hall

6. Mother's Maiden Name Ellen Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father James Hall

9. Father's Occupation laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. sur. Leas Johnson

Address 32 short st

Remarks healthy child.

DEC 12 1878

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35689

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

DEC 12 1879

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth the 12 of Sept, 1879

4. Place of Birth (Street and Number) 155 North Spring St

5. Full Name of Mother Henrietta Hicks

6. Mother's Maiden Name Henrietta Hammond

7. Mother's Birthplace Baltimore County

8. Full Name of Father James Hammond

9. Father's Occupation Laborer

10. Father's Birthplace near York, York County, Md.

Name of Medical Attendant, or other Person who makes this Return. Christina Lauer

Address 117 Thayer Ave

Remarks

1819

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

33690



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec the 12<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *67 Thames St*  
 5. Full Name of Mother *Emma Schiesel Schiesel*  
 6. Mother's Maiden Name *Pitsche*  
 7. Mother's Birthplace *England*  
 8. Full Name of Father *Karl Schiesel*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Louise Wright*  
 Address *236 Canton ave*  
 Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35691  
 7th  
 Male  
 DEC 12th  
 386 Light St  
 Jennie Brooks  
 " Hutchinson  
 Md.  
 William Brooks  
 Painter  
 Maryland  
 R. H. P. [illegible]  
 315 Light St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 12th

4. Place of Birth (Street and Number) Baltimore Castle Street No. 11

5. Full Name of Mother Hannah Fletcher

6. Mother's Maiden Name Hannah Bowser

7. Mother's Birthplace St. Mary's County M.D.

8. Full Name of Father Henry Fletcher

9. Father's Occupation Waiter

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Ann Maria Pack

Address No. 77 Durham Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)
1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

Decr 12th 1898  
544 N. Lexington St.  
Frances Maria M. Maud  
Grayer, Frank  
Baltimore City  
Ande Maud Maud  
Sage maid  
Baltimore City  
John L. E. Maud M.D.  
City

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

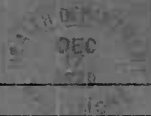
# RETURN OF A BIRTH,

35694

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth December 12<sup>th</sup>
4. Place of Birth, (Street and Number) No 140 Pratt Street
5. Full Name of Mother Caroline Steadly
6. Mother's Maiden Name Metzger
7. Mother's Birthplace Baltimore
8. Full Name of Father Fredrick Steadly
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 11 Green Bay Street
- Remarks



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35695

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *December the 12th 1879*
4. Place of Birth (Street and Number) *No. 19 Carlton St.*
5. Full Name of Mother *Henrietta Jackson*
6. Mother's Maiden Name *Henrietta Mangus*
7. Mother's Birthplace *Anne Rundel Co*
8. Full Name of Father *James Jackson*
9. Father's Occupation *hostler*
10. Father's Birthplace *Baltimore Co*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Warren*
- Address *258 West Baborg St.*
- Remarks *None*



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3<sup>rd</sup>  
Female  
White  
Dec. 12<sup>th</sup> 1877  
Baltimore Poppleton St. 28  
Margaret Woolsey  
Curren  
Baltimore  
John Woolsey  
Painter  
England.  
Mrs. C. Mitchell  
No. 1210 Ramsey St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

20697

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First-*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White - 12th 1877*

3. Date of Birth *Friday, Dec.*

4. Place of Birth (Street and Number) *Cor. Lexington & Holliday Sts.*

5. Full Name of Mother *Marian Kelly*

6. Mother's Maiden Name *Marian (Kendall)*

7. Mother's Birthplace *Frederic (Ch.)*

8. Full Name of Father *Frank Kelly*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Charles H. D.*

Address *51 N. Calvert St.*

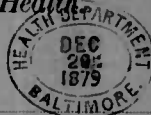
Remarks *Baltimore*

Correct Registrations of the Board of Health to receive a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup> 4<sup>th</sup>

1. Sex (state whether male or female)

Male's.

2. Race or Color (if not of the white race)

3. Date of Birth

12<sup>th</sup> Dec. 1879

4. Place of Birth (Street and Number)

A. 40 Marion St.

5. Full Name of Mother

Frances Katzenberger.

6. Mother's Maiden Name

Mare "Spiegel.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Katzenberger

9. Father's Occupation

Wood Turner

10. Father's Birthplace

B. Ohio

Name of Medical Attendant, or other Person who makes this Return.

A. Singer

Address

No 45 Monroe St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

December 12<sup>th</sup> 1879

4. Place of Birth (Street and Number)

171 West Lombard Street

5. Full Name of Mother

Ella Berrel Wiley

6. Mother's Maiden Name

Ella Berrel Alderson

7. Mother's Birthplace

Richmond Co Virginia

8. Full Name of Father

J. H. Wiley

9. Father's Occupation

Physician

10. Father's Birthplace

Fayetteville North Carolina

Name of Medical Attendant, or other Person who makes this Return.

J. H. Wiley M.D.

Address

158 Weaver Street or 171 West Lombard St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

323701

A circular library stamp from the Department of Health, Baltimore. The text "DEPT. OF HEALTH" is curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the date "JAN 14 1880" is stamped.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 12<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 35. Abingdon St.
5. Full Name of Mother Anna L. L. L.
6. Mother's Maiden Name Mary L. L.
7. Mother's Birthplace Baltimore
8. Full Name of Father James L. L.
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. L. L.
- Address 185 E. L. St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *december 12 1879*
4. Place of Birth (Street and Number) *east north st*
5. Full Name of Mother *anna christen*
6. Mother's Maiden Name *anna ysaacs*
7. Mother's Birthplace *germany*
8. Full Name of Father *john christen*
9. Father's Occupation *laborer*
10. Father's Birthplace *germany*
- Name of Medical Attendant, or other Person who makes this Return. *lachel ann garrett*
- Address *65 buck st*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35708  
DEC 16 1879

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 12 1879
4. Place of Birth (Street and Number) 120 East 1st
5. Full Name of Mother Lizzie Jones
6. Mother's Maiden Name Lizzie Craft
7. Mother's Birthplace Baltimore
8. Full Name of Father James Strong
9. Father's Occupation labor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Miss E. Gray
- Address 143 Chestnut St
- Remarks Healthy

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



Extracts from the Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33704

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec. 12<sup>th</sup> 1899

4. Place of Birth (Street and Number) 18 St. Mary St.

5. Full Name of Mother Edmonia Robinson

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace Va

8. Full Name of Father J. W. Robinson

9. Father's Occupation Fireman

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson

Address 223 Madison St.

Remarks \_\_\_\_\_



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child at childbirth, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32708

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Dec. 12/79
4. Place of Birth (Street and Number) 251 S. Fayette St
5. Full Name of Mother Lilbeth Legh
6. Mother's Maiden Name unknown
7. Mother's Birthplace Germany
8. Full Name of Father Edward Legh
9. Father's Occupation Editor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. L. Sulzmann M.D.
- Address 229 W. Lombard St
- Remarks

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35706

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 12 1899

4. Place of Birth (Street and Number) 139 State Street

5. Full Name of Mother Wealthy J. Young

6. Mother's Maiden Name Weakley J. Young

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Young

9. Father's Occupation Porter

10. Father's Birthplace Easton Shore

Name of Medical Attendant, or other Person who makes this return Herbert Bonalley M.D.

Address 85 Orchard Street

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *12 of Dec 1879*

4. Place of Birth (Street and Number) *12 82 Johnson St East A point*

5. Full Name of Mother *Caroline Hintze*

6. Mother's Maiden Name *Caroline Kettin*

7. Mother's Birthplace *Prussen*

8. Full Name of Father *William C. H. Hintze*

9. Father's Occupation *Labor*

10. Father's Birthplace *Prussen*

Name of Medical Attendant, or other Person who makes this Return. *Margret Etzel*

Address

Remarks

Exact Registrations of the Board of Health to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35708

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) white

3. Date of Birth December 12 1880

4. Place of Birth (Street and Number) 359 N. Charles St.

5. Full Name of Mother Annie Bird

6. Mother's Maiden Name Annie Wm. Paul

7. Mother's Birthplace Cincinnati

8. Full Name of Father W. Lee Bird

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return J. H. McIlhenny

Address 121 N. Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 12. 1879

4. Place of Birth (Street and Number)

410 N. Central St.

5. Full Name of Mother

Catharine Louisa Ringard

6. Mother's Maiden Name

Miller

7. Mother's Birthplace

Balto. City

8. Full Name of Father

And W. William Ringard

9. Father's Occupation

Plumber

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Dr. A. Hartman M.D.

Address

305 N. Caroline St.

Remarks

Extract Regulations of the Board of Health to be filled up by the Registrar of Births and Deaths

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35710

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth *Dec 12<sup>th</sup> 78*  
4. Place of Birth (Street and Number) *No 542 Chase St*  
5. Full Name of Mother *Mary Jane Ross*  
6. Mother's Maiden Name *Mary Jane Johnson*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Franklin Thomas Ross*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who make this Return. *J. M. D. M. D.*  
Address *1000 E. Bay View & Gay St*  
Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to Securely and Justly  
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33711

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 1878/9

4. Place of Birth (Street and Number) Belmont St 25

5. Full Name of Mother Johna Neff

6. Mother's Maiden Name Roberts

7. Mother's Birthplace Adelphi Md

8. Full Name of Father Edward Neff

9. Father's Occupation Bayler

10. Father's Birthplace Adelphi Md

Name of Medical Attendant, or other Person who makes this Return. Wm R. Utley

Address 48 Howard Street

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 12 December
4. Place of Birth, (Street and Number) 845 West Pratt St
5. Full Name of Mother Adelheid Shermann
6. Mother's Maiden Name Zentgraf
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Joseph Shermann
9. Father's Occupation Machine Shop
10. Father's Birthplace Boston Mass
- Name of Medical Attendant, or other Person who makes this Return. ~~Dr. J. H. Smith~~
- Address Home Danvers St
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

22713

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 fifth  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Dec 12th 1879  
 4. Place of Birth, (Street and Number) 25 N. Fremont St  
 5. Full Name of Mother Louisa Schl  
 6. Mother's Maiden Name Wigman  
 7. Mother's Birthplace Hannoveria Germany  
 8. Full Name of Father John Schl  
 9. Father's Occupation Baker  
 10. Father's Birthplace Hannoveria Germany  
 Name of Medical Attendant, or other Person who makes the Report. Wm. D. D. D.  
 Address 66 Schroeder St  
 Remarks Healthy

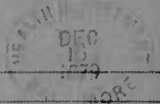
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Dec 3*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Dec 2 of Decemr*  
4. Place of Birth (Street and Number) *No 230 Central ave*  
5. Full Name of Mother *Lora Haupt*  
6. Mother's Maiden Name *Lora Behling*  
7. Mother's Birthplace *Germany*  
8. Full Name of Father *Albert Behling*  
9. Father's Occupation *Butcher*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Crestina V. Tower*  
Remarks *175 Harper ave*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth Dec 12

4. Place of Birth (Street and Number) 12 Temple st

5. Full Name of Mother Margaret Brown

6. Mother's Maiden Name not married

7. Mother's Birthplace Baltimore old

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return, Mrs. Leas Johnson

Address no 82 North St

Remarks Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35716

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth dec 12
4. Place of Birth (Street and Number) 26 Stirling st
5. Full Name of Mother margret johnson
6. Mother's Maiden Name margret Richerson
7. Mother's Birthplace ireland co
8. Full Name of Father william johnson
9. Father's Occupation lather
10. Father's Birthplace calpis co va
- Name of Medical Attendant, or other Person who makes this Return. mrs lea johnson
- Address no 32 spart st
- Remarks healthy child

Direct Registrations of the Board of Health to receive just and complete record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33717

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth December 13th 79  
4. Place of Birth (Street and Number) West End St. # 7 Baltimore  
5. Full Name of Mother Abigail Young  
6. Mother's Maiden Name Young  
7. Mother's Birthplace Charles Young  
8. Full Name of Father Laboon  
9. Father's Occupation Maryland  
10. Father's Birthplace Mary Brook  
Name of Medical Attendant, or other Person who makes this Return. J. S. E. Euter 2d  
Address 328  
Remarks

Extract Regulations of the Board of Health to require a Jan and Cor-  
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *September 13<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *19 67 High St*  
5. Full Name of Mother *Louisa Amos*  
6. Mother's Maiden Name *Louisa Krelb*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Charles Amos*  
9. Father's Occupation *Printer*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Genl. Hallagers*  
Address *182 Monument St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35719



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether male or female) *Male*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *December 3<sup>rd</sup> 1879*
  4. Place of Birth (Street and Number) *No 221 Front St*
  5. Full Name of Mother *Mary West*
  6. Mother's Maiden Name *Mary Smith*
  7. Mother's Birthplace *England*
  8. Full Name of Father *William West*
  9. Father's Occupation *Cum grat*
  10. Father's Birthplace *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Kilgus*
- Address *No 182 E Monument St*
- Remarks



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35720

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec: 13th 1879*
4. Place of Birth (Street and Number) *No 208 Mulberry St. Dist.*
5. Full Name of Mother *Orilla Muler*
6. Mother's Maiden Name *Menze*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *George Thomas Muler*
9. Father's Occupation *Grainer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Domestic Mr. Womble M.D.*
- Address *No 203 W. Lombard St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35721

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5th child*

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth *7/13. 1879*

4. Place of Birth (Street and Number) *232 Lombard St*

5. Full Name of Mother *Eliza Julia Lindsay*

6. Mother's Maiden Name *" Meakin*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William R. Lindsay*

9. Father's Occupation *Real Estate Broker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Casey Thomas M.D.*

Address *317 Madison ave*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35722

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Saturday 13 December

4. Place of Birth (Street and Number)

Monument st extended

5. Full Name of Mother

Llice Haase

6. Mother's Maiden Name

Llice Ash

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Ferdinand Haase

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Henry H. Glaser

Address

Monument st extended

Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35723

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth December 13
4. Place of Birth, (Street and Number) No 69 Mulberry St
5. Full Name of Mother Augusta Campbell
6. Mother's Maiden Name Thomson
7. Mother's Birthplace Germany
8. Full Name of Father Henry Campbell
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Stephen Senior
- Address No 70 Granby Street
- Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35724

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Dec 13th

4. Place of Birth (Street and Number)

85 Church St

5. Full Name of Mother

Anna Walker

6. Mother's Maiden Name

Boyer

7. Mother's Birthplace

Maryland

8. Full Name of Father

Henry Walker

9. Father's Occupation

Laundry

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

W. H. Ellis, M.D.

Address

315 Light St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35723

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

11th Dec 1879

170 Md Ave

Nelly K Keary

Nelly Radcliff

Dorchester Co Md

Nicholas K Keary

Clerk

Dorchester Co Md

C B Gamble Md

108 Cathedral street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33726

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race)  
 3. Date of Birth Dec 13<sup>th</sup> 1879  
 4. Place of Birth (Street and Number) 167 Madamz alley  
 5. Full Name of Mother Barbara Kuegel  
 6. Mother's Maiden Name Hoerner  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Friedrich Kuegel  
 9. Father's Occupation Laborer  
 10. Father's Birthplace City  
 Name of Medical Attendant, or other Person who made this Return Mrs Elizabeth Betz  
 Address 245 Canton Ave  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Decbr. 13 1879
4. Place of Birth (Street and Number) 103 Chester St.
5. Full Name of Mother Christine Fromer
6. Mother's Maiden Name Christ. Haage
7. Mother's Birthplace Germany
8. Full Name of Father Martin Fromer
9. Father's Occupation Butcher
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 S. Bond St.
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *13<sup>th</sup> December*

4. Place of Birth (Street and Number) *188 Hollins. St*

5. Full Name of Mother *Barbara Hinderer*

6. Mother's Maiden Name *Barbara Feik*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Edward H. Hinderer*

9. Father's Occupation *Basket Maker*

10. Father's Birthplace *Wilmington Delaware*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Subuck*

Address *439 W Pratt st*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

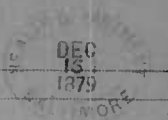
# RETURN OF A BIRTH.

35729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 13 December
4. Place of Birth (Street and Number) 46 President St
5. Full Name of Mother Lizzie Herin
6. Mother's Maiden Name Travis
7. Mother's Birthplace IL D
8. Full Name of Father Andre Herin
9. Father's Occupation Workman
10. Father's Birthplace IL D
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 52 E Lombard
- Remarks \_\_\_\_\_



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35730

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 12 December
4. Place of Birth (Street and Number) 1 Washington St
5. Full Name of Mother Florentine Decker
6. Mother's Maiden Name Gross
7. Mother's Birthplace Ill
8. Full Name of Father John Decker
9. Father's Occupation Workman
10. Father's Birthplace Ill
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address 22 Lombard
- Remarks \_\_\_\_\_

*Direct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, ~~birth~~, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35731

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 13 1879

4. Place of Birth (Street and Number) 103 Ann St

5. Full Name of Mother Mary Dean

6. Mother's Maiden Name Mary Co. Deener

7. Mother's Birthplace Baltimore

8. Full Name of Father William Dean

9. Father's Occupation Labor

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Miss P. King

Address 743 Charter St

Remarks Healthy

DEC 1 1879

**recd Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

first  
Male  
Black  
Dec- 13- 1879  
40 - Wilmer alley  
Anne Bracco.  
"  
Centre ville Md  
Henry Wilson  
Restaurant waiter  
Unknown

Dr Boyd Wolfe M D  
Towsend Dryden Ave

DEC  
15  
1879

35739

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

35733

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *december 13th*  
 4. Place of Birth (Street and Number) *no 2 riga way court*  
 5. Full Name of Mother *margunn broten*  
 6. Mother's Maiden Name *margunn reple*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *william j brown*  
 9. Father's Occupation *laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *miss Lydia Porter*  
 Address *no 4 pat p scoar avenue*  
 Remarks *healthy child*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *December 15<sup>th</sup> 1979*

4. Place of Birth (Street and Number) *1023 St. Mary's Street*

5. Full Name of Mother *Hennetta Murray*

6. Mother's Maiden Name *Thurman Gray*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Walter Murray*

9. Father's Occupation *clerk*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. E. S. Johnson*

Address *86 S. Fayette St*

Remarks *Natural labor*



First Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35733

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *White*

2. Race or Color (if not of the white race) *Dec 1 2 1879*

3. Date of Birth *No 92 Richmond P*

4. Place of Birth (Street and Number) *John E Dalaney*

5. Full Name of Mother *Louis E Stier*

6. Mother's Maiden Name *Newell St Brook Co Md*

7. Mother's Birthplace *Frank Dalaney*

8. Full Name of Father *Carpenter*

9. Father's Occupation *Eastern Shore*

10. Father's Birthplace *Ad Polo*

Name of Medical Attendant, or other Person who makes this return *No 1 N Broadway Ave*

Address

Remarks



recd. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 18<sup>th</sup>*

4. Place of Birth (Street and Number) *19 Lisgwith*

5. Full Name of Mother *Annie Rebecca Strantz*

6. Mother's Maiden Name *Martin*

7. Mother's Birthplace *Carroll Co. Md.*

8. Full Name of Father *Ashton Alexander Henry Strantz*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Carroll Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Geo. H. Vayner M.D.*

Address *18 Lisgwith St*

Remarks

Extract Regulations of the Board of Health  
 rest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*  
 1. Sex (state whether male or female) *female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Dec 13th*  
 4. Place of Birth (Street and Number) *261 Resquille St -*  
 5. Full Name of Mother *Lania Oliver*  
 6. Mother's Maiden Name *Walters*  
 7. Mother's Birthplace *Manassas New Jersey*  
 8. Full Name of Father *Om Oliver*  
 9. Father's Occupation *Brickman*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Isabelle Oliver*  
 Address *286 E. Monument St -*  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

53738

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Male

14 December

80 Washington

Henriette Darg

Reis

M. D.

Sam Darg

Teacher

M. D.

Miss Sara Wagner

52 E. Lombard

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35739

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Coloured*
3. Date of Birth *14th December*
4. Place of Birth (Street and Number) *Baltimore Bethel Street No 23*
5. Full Name of Mother *Mary Quill*
6. Mother's Maiden Name *Mary Mason*
7. Mother's Birthplace *St. Marys County ms.*
8. Full Name of Father *James Quill*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Carbutt County ms*
- Name of Medical Attendant, or other Person who makes this Return. *Annie Maria Pack*
- Address *No 77 Lusham Street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

The physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *December 14, 1879*
4. Place of Birth (Street and Number) *218 Madison ave. back*
5. Full Name of Mother *Mary J. Miller*
6. Mother's Maiden Name *Floyd*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *George J. Miller*
9. Father's Occupation *merchant (dry goods)*
10. Father's Birthplace *md*
- Name of Medical Attendant, or other Person who makes this Return. *G. Lane, Dr. Mansfield M.D.*
- Address *129 W. Beddell St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*

1. Sex (~~state whether Male or Female~~) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *December 14<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Madison Ave + Danvale*

5. Full Name of Mother *Elizabeth B. Bruce*

6. Mother's Maiden Name *Elizabeth B. Coale*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Edw. B. Bruce*

9. Father's Occupation *Minister*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Carey Thomas, M.D.*

Address *317 Madison Ave*

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

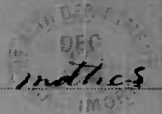
# RETURN OF A BIRTH.

33742

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *Dec the 14. 1879*
4. Place of Birth (Street and Number) *13 hullone Baltimore MD*
5. Full Name of Mother
6. Mother's Maiden Name *Rechel ann Childel*
7. Mother's Birthplace *Dorchester County MD*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Luzinda Worlford*
- Address *130 register st Baltimore MD*
- Remarks

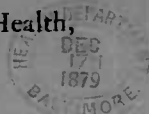


That any physician, seaman, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35743

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec. 14 1879*
4. Place of Birth (Street and Number) *Baltimore 61 Walker street*
5. Full Name of Mother *Mary Creamer*
6. Mother's Maiden Name *Mary Butler*
7. Mother's Birthplace *Baltimore County*
8. Full Name of Father *John F. Creamer*
9. Father's Occupation *Baltimore Boiler Maker*
10. Father's Birthplace *Washington D. C.*
- Name of Medical Attendant, or other Person who makes this return *Geo M. Shaffer*
- Address *114 Ridgely Street*
- Remarks

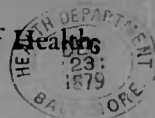


rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *14*
4. Place of Birth (Street and Number) *Arch ally. 5*
5. Full Name of Mother *Riney Jinder*
6. Mother's Maiden Name *Riney Pantan*
7. Mother's Birthplace *Cambridge Dorchester County*
8. Full Name of Father *Draher Jinder*
9. Father's Occupation *labor*
10. Father's Birthplace *Cambridge Dorchester County*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. F. Wilson*
- Address *252 Hughes St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec 14.*  
 4. Place of Birth (Street and Number) *77 McHenry St.*  
 5. Full Name of Mother *Annie Margaret*  
 6. Mother's Maiden Name *Barman*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Henry D. Dwyer*  
 9. Father's Occupation *Woolen Goods Manufacturer*  
 10. Father's Birthplace *Baltimore.*  
 Name of Medical Attendant, or other Person who makes this Return. *Emma C. Green M.D.*  
 Address *183 W. Fayette St.*  
 Remarks

35745

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrars aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35746

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth Dec 14<sup>th</sup> 1879

4. Place of Birth, (Street and Number) 184 2<sup>d</sup> St. Cal

5. Full Name of Mother Catharine Bloume Boulton

6. Mother's Maiden Name Bromwell

7. Mother's Birthplace A A Co Md

8. Full Name of Father J Emory Boulton

9. Father's Occupation Merchant

10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. J H. H. H. H. H.

Address 216 2<sup>d</sup> St Cal

Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH, 337117

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth December 14th
4. Place of Birth, (Street and Number) No 60 Granby Street
5. Full Name of Mother Emma Bryson
6. Mother's Maiden Name Walt
7. Mother's Birthplace Baltimore
8. Full Name of Father Nicklaus Bryson
9. Father's Occupation Laber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Walter Hinson
- Address No 70 Granby Street
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35748

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

White and of White race

3. Date of Birth

Born December the 14 1879

4. Place of Birth, (Street and Number)

Baltimore Pringle 125

5. Full Name of Mother

Mary Jane Baker

6. Mother's Maiden Name

Mary Jane Bitchet

7. Mother's Birthplace

born in Middle sex county Virginia

8. Full Name of Father

Henry David Baker

9. Father's Occupation

Employed in the Glass Works

10. Father's Birthplace

born in Pennsylvania York County

Name of Medical Attendant, or other Person who makes this Return.

George Hunter

Address

21, No. Bayview Station

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

37749  
35749

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *11 December 1879*
4. Place of Birth (Street and Number) *Canon St*
5. Full Name of Mother *Anna Gomers*
6. Mother's Maiden Name *Anna Calster*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *John Gomers*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Burch St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

37750  
25750

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5th child*
1. Sex (state whether male or female) *Female child*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *The 14th of December*
4. Place of Birth (Street and Number) *No. 2 Garden cote*
5. Full Name of Mother *Mother Boneson*
6. Mother's Maiden Name *Mother Bonson*
7. Mother's Birthplace *Colvert County*
8. Full Name of Father *José Bonson*
9. Father's Occupation *Walter*
10. Father's Birthplace *Colvert County*
- Name of Medical Attendant, or other Person who makes this Return. *Willy Gross*
- Address *1181 York Street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35737

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 14<sup>th</sup> 1879*

4. Place of Birth (Street and Number) *Patterson Lane near Prima Ave*

5. Full Name of Mother *Mary Myers*

6. Mother's Maiden Name *Mary Shebiff*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George A Myers*

9. Father's Occupation *Driver*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Chas E Sadler M.D.*

Address. *649 Prima Ave*

Remarks

DEC 15 1879



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 14th*  
 4. Place of Birth (Street and Number) *305, E. McElderry St*  
 5. Full Name of Mother *Amanda Virginia Armiger*  
 6. Mother's Maiden Name *Amanda Virginia Escherich*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Thomas Benton Armiger*  
 9. Father's Occupation *Wood-carver*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this return *The Hon. J. H. Glasse*  
 Address *297, E. McElderry St. Extended*  
 Remarks *All well.*

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex: (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Dark skin
3. Date of Birth Monday night Dec 14
4. Place of Birth (Street and Number) Harmony Lane 199
5. Full Name of Mother Fanny A. Jones
6. Mother's Maiden Name Fanny Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father George H. A. Jones
9. Father's Occupation Street Cleaner
10. Father's Birthplace Washington
- Name of Medical Attendant, or other Person who makes this Return. William Blake
- Address No 53 Carroll Street
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *14th Dec. 1879*

4. Place of Birth (Street and Number) *113-S. Wolf St.*

5. Full Name of Mother *Annie Catherine Gardner*

6. Mother's Maiden Name *Heppburn*

7. Mother's Birthplace *Balts. City*

8. Full Name of Father *Anthony B. Gardner*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *New York*

Name of Medical Attendant, or other Person who makes this Return. *C. J. Brown M.D.*

Address *40 & C. Baltimore St.*

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

30756

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

76

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec. 14, 1879

4. Place of Birth, (Street and Number)

11. Truesdell St. No. 36

5. Full Name of Mother

Mary Schmidt

6. Mother's Maiden Name

Leuris

7. Mother's Birthplace

Reichsberg, Prussia

8. Full Name of Father

Henry Schmidt

9. Father's Occupation

Schiffmacher

10. Father's Birthplace

Reichsberg, Prussia

Name of Medical Attendant, or other Person who makes this return.

Wm. Johannes Braunbach

Address

1. Wolfsthaler St.

Remarks

Wm. E. Eise

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2nd)*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec 14<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *95 Enoch St*  
 5. Full Name of Mother *Dr Oliver*  
 6. Mother's Maiden Name *" Butler*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Wesley Oliver*  
 9. Father's Occupation *Tramman*  
 10. Father's Birthplace *Apur arundel Co*  
 Name of Medical Attendant, or other Person who makes this Return. *Regina A. Winters*  
 Address *178 Stanford Ave*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

35755

HEALTH. JAN 2 1880 BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) ~~Swedish~~ 1412 879
3. Date of Birth December 14<sup>th</sup> 1879
4. Place of Birth (Street and Number) 298 S. Sharp Street
5. Full Name of Mother Luise Schroeder
6. Mother's Maiden Name Luise Collander
7. Mother's Birthplace Germanica
8. Full Name of Father George Schroeder
9. Father's Occupation Sailor
10. Father's Birthplace Germanica
- Name of Medical Attendant, or other Person who makes this Return. Purification Munnif
- Address 3 Sarsaunfallstid
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

8th  
Female  
white  
Dec. 14th 1899.  
350 Harlem St.  
Anna Toll  
A. Elsbirn  
Baltimore Md.  
Henry Toll  
Insurance Agent  
Bremen Germany  
Sophia Muehl  
36 Pearl St.



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
 1. Sex (state whether Male or Female)  
 2. Race or Color (if not of the white race)  
 3. Date of Birth  
 4. Place of Birth (Street and Number)  
 5. Full Name of Mother  
 6. Mother's Maiden Name  
 7. Mother's Birthplace  
 8. Full Name of Father  
 9. Father's Occupation  
 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

9th  
 Female  
 white  
 Dec 14th 1879  
 348 Mulberry St  
 Anna Proemer  
 A. Burkard  
 Hessen Germany  
 Ed. Proemer  
 Shoemaker  
 Hessen Germany  
 Sophia Neugebauer  
 To Rail

For Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Dec 14<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *No. 3 Truxton St*  
5. Full Name of Mother *Annie Hartman*  
6. Mother's Maiden Name *Annie Steinberg*  
7. Mother's Birthplace *Germany*  
8. Full Name of Father *August Hartman*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Silas H. Hunter M.D.*  
Address *26 Greenmount Ave.*  
Remarks

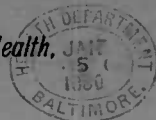
REG. RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35762

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 4th 1877*

4. Place of Birth (Street and Number) *628 N. Gay St.*

5. Full Name of Mother *Isabella Phœbus*

6. Mother's Maiden Name *Hanary*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *John J. Phœbus*

9. Father's Occupation *Shoe-maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr. B. Billingsley*

Address *Harford Ave. & Res.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35763

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth.*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec 14<sup>th</sup> 79.*  
 4. Place of Birth (Street and Number) *457 W. Fayette St.*  
 5. Full Name of Mother *Susie May Causey*  
 6. Mother's Maiden Name *Susie May Johnston*  
 7. Mother's Birthplace *King Geo. Co. Virginia*  
 8. Full Name of Father *William Winfield Causey*  
 9. Father's Occupation *Grocer Merchant*  
 10. Father's Birthplace *Baltimore, Md.*  
 Name of Medical Attendant, or other Person who makes this return *A. C. Fox, Md.*  
 Address *Cor Fayette & Schroeder Sts.*  
 Remarks

rect Record of vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition: whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex (state whether male or female) male
- Race or Color (if not of the white race) Jewish
- Date of Birth Dec 14th 1879
- Place of Birth (Street and Number) Cameron St. N. W. Wash.
- Full Name of Mother John Sachs
- Mother's Maiden Name Cohen
- Mother's Birthplace Poland
- Full Name of Father Levy Sachs
- Father's Occupation Grocer
- Father's Birthplace Poland
- Name of Medical Attendant; or other Person who makes this Return. Mrs. R. Miller
- Address 15 St. Andrew St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec 12 1879
4. Place of Birth (Street and Number) No 76 Cherry Street
5. Full Name of Mother Ann Brine
6. Mother's Maiden Name —
7. Mother's Birthplace Eastern Va Maryland
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —
- Name of Medical Attendant, or other Person who makes this Return. Robert W. Williams
- Address No 70 Cherry St
- Remarks Birth not child living  
W. W.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eight Child*  
 1. Sex (state whether Male or Female) *Female.*  
 2. Race or Color (if not of the white race) *White.*  
 3. Date of Birth *15.*  
 4. Place of Birth (Street and Number) *87 Lunden Av.*  
 5. Full Name of Mother *Margret M. Kitterick*  
 6. Mother's Maiden Name *Margret Smith*  
 7. Mother's Birthplace *Ireland.*  
 8. Full Name of Father *Lawrence M. Kitterick*  
 9. Father's Occupation *Coachman.*  
 10. Father's Birthplace *Ireland.*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Summerville*  
 Address *38 Pennsylvania Ave.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4<sup>th</sup>)*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 15, 1879*  
 4. Place of Birth (Street and Number) *S. E. Cor. Bank & Duncan Alley*  
 5. Full Name of Mother *Mrs. Louisa Burk*  
 6. Mother's Maiden Name *Miss P. Holman*  
 7. Mother's Birthplace *Baltimore County, Md.*  
 8. Full Name of Father *Mr. Henry Burk*  
 9. Father's Occupation *Provision Dealer*  
 10. Father's Birthplace *Baltimore County, Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Mr. H. C. Glendenen M.D.*  
 Address *No. 102 North Broadway*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of **Health.**  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth December 15 1879
4. Place of Birth (Street and Number) 96 Anstr.
5. Full Name of Mother Katharine Schuel
6. Mother's Maiden Name Kath. Hays
7. Mother's Birthplace Baltimore
8. Full Name of Father Friedrich Schuel
9. Father's Occupation Tinmithaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return M. R. Rudiger
- Address 134 N. Bondstr.
- Remarks \_\_\_\_\_

Keep records of vital statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

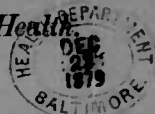


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth December 15 1879
4. Place of Birth (Street and Number) 86 W. Wolfe St.
5. Full Name of Mother Elizabeth Zerpas
6. Mother's Maiden Name Elisbeth Leth
7. Mother's Birthplace German
8. Full Name of Father Jacob Zerpas
9. Father's Occupation Gerber
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Radtger
- Address 134 S. Second St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) \_\_\_\_\_

1. Sex (*state whether male or female*) \_\_\_\_\_

2. Race or Color (*if not of the white race*) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth (Street and Number) *13th St. 49*

5. Full Name of Mother *Edmondson Annand.*

6. Mother's Maiden Name *Etta C. Dinn.*

7. Mother's Birthplace *Etta C. Dinn.*

8. Full Name of Father *Baltimore City.*

9. Father's Occupation *James Dinn.*

10. Father's Birthplace *Baltimore City.*

Name of Medical Attendant, or other Person who makes this Return. *John D. R. Howard M.D.*

Address *"City"*

Remarks \_\_\_\_\_

Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

15 Dec 1879

237 N. Elm St

Mystine, Margaret Marie Adelaide Waring

Virginia

Wm Lowry Waring

Merchant

Virginia

Geo. H. Dexter

#1 Maudslayi Times

See Record of vital statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 15 1879.*
4. Place of Birth (Street and Number) *No 58 James Alley*
5. Full Name of Mother *Maggie Mearns*
6. Mother's Maiden Name *Maggie Taylor*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Mearns*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Catharine Horner*
- Address *No 106 West st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 15th 1879

4. Place of Birth (Street and Number)

No. E Monument - Mary Asquith.  
Mary Almira McClelland  
Jackson

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Barry McClelland

9. Father's Occupation

Policeman

10. Father's Birthplace

Belfast Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitledge

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seven  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth December 15 1879  
 4. Place of Birth (Street and Number) No 12 Cornbridge St  
 5. Full Name of Mother Sarah Spencer  
 6. Mother's Maiden Name Sarah Peoples  
 7. Mother's Birthplace Wansfield England  
 8. Full Name of Father George Spencer  
 9. Father's Occupation fireman  
 10. Father's Birthplace New Brunswick  
 Name of Medical Attendant, or other Person who makes this Return. Ann Emily Ball  
 Address No 171 South Chester St  
 Remarks

Baltimore.

Attst

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child
1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) White
  3. Date of Birth December the 15<sup>th</sup> 1874
  4. Place of Birth (Street and Number) N. Spring St. N<sup>o</sup> 82.
  5. Full Name of Mother Margaretha Reiter
  6. Mother's Maiden Name Margaretha Döring
  7. Mother's Birthplace Gr. Bueck, Gr. Hessen, Germany
  8. Full Name of Father Friedrich Reiter
  9. Father's Occupation Speculator
  10. Father's Birthplace Bruckhausen, H. Prussia, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller
- Address N. Dallas St. N<sup>o</sup> 26.
- Remarks \_\_\_\_\_



Extract of Record of Vital Statistics in the City of Baltimore.  
 as kept by the Board of Health, and as required by the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.

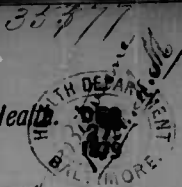


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> child*
- Sex (state whether male ~~or female~~)
  - Race or Color (if not of the white race) *White*
  - Date of Birth *December the 15, 1879*
  - Place of Birth (Street and Number) *Hopkin St. No 98*
  - Full Name of Mother *Mary Billiaux*
  - Mother's Maiden Name *Mary Lijkelberger*
  - Mother's Birthplace *Bain. Pr. Prussen, Germany*
  - Full Name of Father *Christian Billiaux*
  - Father's Occupation *Cooper*
  - Father's Birthplace *Bellenhausen, Gr. Hassen, Germany*
  - Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*
  - Address *N. Dallas St. No 26*
- Remarks

To any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Monday, Dec 15<sup>th</sup> 1879*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *Monday, Dec. 15<sup>th</sup> 11.20 A.M. - A. M.*
4. Place of Birth (Street and Number) *13. Bunting Lane. Spring & Carroll Sts. Balto.*
5. Full Name of Mother *Ruth H. Harris*
6. Mother's Maiden Name *Ruth H. Harris*
7. Mother's Birthplace *Balto City*
8. Full Name of Father *John Mitchell*
9. Father's Occupation *Oyster Schucker &c.*
10. Father's Birthplace *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Morgan*
- Address *47 N. Tenth St. Hamster & Guyott. Sts.*
- Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth (1st)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 15th 1879

4. Place of Birth (Street and Number)

254 Collinson St

5. Full Name of Mother

Caroline Elizabeth Messer

6. Mother's Maiden Name

Silbergalm

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Chas. W. Messer

9. Father's Occupation

Car Inspector

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

S. W. Selmon M.D.

Address

S. E. Carey Carroll St

Remarks

Return of Birth Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33779

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

15 Dec 79

4. Place of Birth (Street and Number)

476 Lexington St

5. Full Name of Mother

Louisa F. Piquett

6. Mother's Maiden Name

Louisa F. Lipp

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

John P. Piquett

9. Father's Occupation

Pharmacist

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

H. J. Piquett M.D.

Address

579 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, viz of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15th December*
4. Place of Birth (Street and Number) *191 Forest St*
5. Full Name of Mother *Ann Eliza Catey*
6. Mother's Maiden Name *Burke*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Blatey*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35781

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 15 Dec
4. Place of Birth, (Street and Number) 186 Greenmount Ave
5. Full Name of Mother Mary Jennings
6. Mother's Maiden Name Holland
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Jennings
9. Father's Occupation Porter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. J. J. Morrison
- Address No 7 Forrest Place
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35782

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

16 Dec

4. Place of Birth, (Street and Number)

111 Gtaling St

5. Full Name of Mother

Bridget Ganneth

6. Mother's Maiden Name

Minton

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Ganneth

9. Father's Occupation

Coach Driver

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. J. Chrissner

Address

No 7 Forrest Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth December 15<sup>th</sup> 1899  
 4. Place of Birth (Street and Number) No 347 Central Ave  
 5. Full Name of Mother Anna Link  
 6. Mother's Maiden Name Anna Traunkal  
 7. Mother's Birthplace Balt  
 8. Full Name of Father Frank Link  
 9. Father's Occupation Salesman  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Helen Hilgert  
 Address 182 E Monument St  
 Remarks



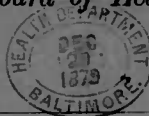
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35784

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 15<sup>th</sup> December 1879
4. Place of Birth, (Street and Number) 19 Diamond St Baltimore
5. Full Name of Mother Larsh Ann Glemmer
6. Mother's Maiden Name Sarah Ann Wilkerson
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Jos Glemmer
9. Father's Occupation Builder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter
- Address 21 of Poppleton St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address: 286 N. Donogh St.

Remarks

(Twelfth)



Dec 15, 1879

208 North Wolfe St.

Lutz Gorsuch

Holton

Baltimore

Jachariah Gorsuch

Moulder

Baltimore

Mary A. Allwell

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35786

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Dec 15<sup>th</sup> 1879  
 4. Place of Birth, (Street and Number) 326. S. Eutaw St.  
 5. Full Name of Mother Elizabeth Wolf  
 6. Mother's Maiden Name Knickman  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father August Wolf  
 9. Father's Occupation Restaurant Keeper  
 10. Father's Birthplace Sachsen - Gotha - Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mary Koch  
 Address 328 South Eutaw St.  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over  
H. 35787

A circular seal of the Health Department, Baltimore. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center, the word "Health" is written in a stylized script, with "20th" and "1879" printed below it.

Name: Mary Caroline Hilseman

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace* \_\_\_\_\_

8. *Full Name of Father*

### 9. *Father's Occupation*

### 10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 10<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth The 15<sup>th</sup> of December

4. Place of Birth, (Street and Number) Corner Macenry and Bantala St

5. Full Name of Mother Johana Gooch

6. Mother's Maiden Name Johana Gago

7. Mother's Birthplace Germina

8. Full Name of Father Charles Gago

9. Father's Occupation Laborer

10. Father's Birthplace Germina

Name of Medical Attendant, or other Person who makes this Return. Arthur Dell

Address 57 Bantala St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 15: 11 45 A.M. 1899*
4. Place of Birth (Street and Number) *48 E. Pratt*
5. Full Name of Mother *Virginia E. Dickerson*
6. Mother's Maiden Name *Virginia E. Mathaney*
7. Mother's Birthplace *Cal. Balt. City*
8. Full Name of Father *Isaac W. Dickerson*
9. Father's Occupation
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Dinnelle M.D.*
- Address *1996 1/2 E. Pratt St.*
- Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35790  
6<sup>th</sup>  
Male  
White  
December 5 1879  
# 6 Warren Av  
Emma Rittenhouse  
Emma. Omesetter  
Penn  
W. M. Rittenhouse  
Manufacturers of Fin Brick  
Penn  
H. B. Noble, M.D.  
17 Warren Av

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 15 1879

4. Place of Birth (Street and Number) Bethel St No 6

5. Full Name of Mother Margret Miller

6. Mother's Maiden Name Margret Poole

7. Mother's Birthplace Philadelphia

8. Full Name of Father Henry Miller

9. Father's Occupation Copper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mary A Subt

Address 99 Marg Lancaster St

Remarks



That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-0
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 15<sup>th</sup> of Dec
4. Place of Birth (Street and Number) 57 N Pine St
5. Full Name of Mother Mare Saffren
6. Mother's Maiden Name Imwald
7. Mother's Birthplace Baltimore
8. Full Name of Father John Saffren
9. Father's Occupation Dinner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. A. Simon
- Address Ors 45 Orbanne St
- Remarks \_\_\_\_\_

# NOTICE

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth December 15, 1879

4. Place of Birth (Street and Number) No 105 Chestnut Alley

5. Full Name of Mother

6. Mother's Maiden Name Louisa Gaither

7. Mother's Birthplace Virginia

8. Full Name of Father James E. Edwards

9. Father's Occupation Writer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return Hester Bordley M.D.

Address 85 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35794

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 15<sup>th</sup> 1879

4. Place of Birth (Street and Number) No. 131 Stratford Street

5. Full Name of Mother Louisa Racad

6. Mother's Maiden Name King

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Racad

9. Father's Occupation Shoe Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. Schmidt

Address No. 479 Penna Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 15<sup>th</sup> 1879  
535 W Baltimore St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Sama Lehman  
Sama Goldstein

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Isaac Lehman

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sam'l J. Connelley M.D.  
No 29 Asquith St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

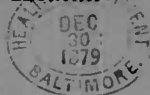
Address

Remarks

7  
female  
white  
December 13 1879  
214 North Ann St  
Sarah E Thompson  
Sarah E Bell  
Baltimore Md  
James E Thompson  
Bapt Minister  
Baltimore Md  
Amanda Myerine  
378 East Monument St

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
(state whether male or female) Female  
or Color (if not of the white race) White  
e of Birth Dec the 15<sup>th</sup> 1879  
ce of Birth (Street and Number) 132 S. Wolf St.  
l Name of Mother Emilie Rinderson  
her's Maiden Name " " Backer  
her's Birthplace Baltimore  
l Name of Father Henrich Rinderson  
her's Occupation Seaman  
her's Birthplace Germany  
ne of Medical Attendant, or other Person who makes this Return. Mrs. Annie Craft  
ress 236 Canton ave  
arks

# RETURN OF A BIRTH.

35798

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

(state whether male or female)

Male

or Color (if not of the white race)

White

of Birth

Dec the 15<sup>th</sup> 1879

of Birth (Street and Number)

Name of Mother

Maria Schultheiss

her's Maiden Name

" " Bartholamy

her's Birthplace

Baltimore

Name of Father

George Schultheiss

her's Occupation

Carpenter

her's Birthplace

Baltimore

of Medical Attendant, or other Person who makes this Return.

Mrs Louise Craft

ress

236 Canton av

arks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residing name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 15<sup>th</sup> December 25 1879

4. Place of Birth (Street and Number) 224 N. Calver St

5. Full Name of Mother Kate McElroy

6. Mother's Maiden Name Kate Bonn

7. Mother's Birthplace Baltimore

8. Full Name of Father J. H. McElroy

9. Father's Occupation Lawyer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. McElroy

Address 121 N. Calver St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35800

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Female*
2. Race or Color (*if not of the white race*)
3. Date of Birth *16<sup>th</sup> Dec. 1879.*
4. Place of Birth (Street and Number) *370 West St.*
5. Full Name of Mother *Catherine Meller*
6. Mother's Maiden Name *" Churchill.*
7. Mother's Birthplace *New-Ascot - Germany*
8. Full Name of Father *Mrs. Meller*
9. Father's Occupation *Cooper*
10. Father's Birthplace *(Prussia)*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Nash.*
- Address *728 John Exchange*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex (state whether male ~~or female~~)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *December the 16<sup>th</sup>*
  4. Place of Birth (Street and Number) *Lyons Lane St. No. 180*
  5. Full Name of Mother *Sophia Schütz*
  6. Mother's Maiden Name *Sophia Leifpeiser*
  7. Mother's Birthplace *Lüschow, N. Brunen. Germany*
  8. Full Name of Father *Heinrich Schütz*
  9. Father's Occupation *Shoemaker*
  10. Father's Birthplace *Biedingen, Gr. Hessen. Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*
- Address *N. Dallas St. No. 26*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *The Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December the 16th 1879*

4. Place of Birth (Street and Number) *E. Eden St. No 167*

5. Full Name of Mother *Elisabetha Hammen*

6. Mother's Maiden Name *Elisabetha Bernhard*

7. Mother's Birthplace *Leipzighausen, W. Prussen, Germany*

8. Full Name of Father *Frederick Hammen*

9. Father's Occupation *Organ Builder*

10. Father's Birthplace *Lensenweiler, W. Prussen, Germany*

Name of Medical Attendant, or other Person who makes this Return. *May E. Miller*

Address *N. Dallas St. No 26*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

DEC  
16  
1879

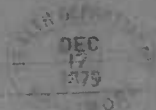
1571

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35804

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 16<sup>th</sup> 1879

4. Place of Birth (Street and Number)

88 Eastern Ave

5. Full Name of Mother

Elizabeth Frank

6. Mother's Maiden Name

" Meitz

Germany

7. Mother's Birthplace

8. Full Name of Father

Gustave Frank

9. Father's Occupation

Barber

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz  
245 Canton Ave

Address

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 16<sup>th</sup> December

4. Place of Birth (Street and Number) 84 Plum St.

5. Full Name of Mother Sarah Brown

6. Mother's Maiden Name Sarah Doran

7. Mother's Birthplace St. Augustine N.Y.

8. Full Name of Father Samuel Brown

9. Father's Occupation Carpenter

10. Father's Birthplace Hart Island N.Y.

Name of Medical Attendant, or other Person who makes this Return. Rachel Doran

Address 265 Montgomery St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 16 December
4. Place of Birth (Street and Number) 204 Lombard
5. Full Name of Mother Maria Wagner
6. Mother's Maiden Name Reel
7. Mother's Birthplace N. P.
8. Full Name of Father William Wagner
9. Father's Occupation Vicar
10. Father's Birthplace N. P.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Cooper
- Address 52 E. Lombard
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 814-

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 16<sup>th</sup> 1879

4. Place of Birth (Street and Number) No 288. N. Durham St.

5. Full Name of Mother H. E. Claypoole

6. Mother's Maiden Name Unknown

7. Mother's Birthplace Somerset Co. Md.

8. Full Name of Father John Claypoole

9. Father's Occupation Painter

10. Father's Birthplace Unknown

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Taylor M.D.

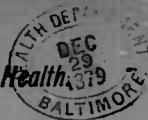
Address # 210 N. Broadway

Remarks "Hydrocephaloid"  
(Used for anatomical purposes)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W.*
3. Date of Birth *December 16<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Battery St. N<sup>o</sup> 114*
5. Full Name of Mother *Laura T. Stages*
6. Mother's Maiden Name *Laura T. Johnson*
7. Mother's Birthplace *Baltimore, M. d.*
8. Full Name of Father *Henry C. Stages*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Grothman*
- Address *114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 - 3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *December 16<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Fort St. & Spring St.*
5. Full Name of Mother *Elizabeth Beckman*
6. Mother's Maiden Name *Elizabeth Rees*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *H. Beckman*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Brother Beane*
- Address *No 114 Baltimore St.*
- Remarks *625 G.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 16th 1879*
4. Place of Birth (Street and Number) *3rd St & N. Gilman St. Barb.*
5. Full Name of Mother *Mary Malinda Frame*
6. Mother's Maiden Name *" " Stewart*
7. Mother's Birthplace *Sussex County Del.*
8. Full Name of Father *George Frame*
9. Father's Occupation *Grain Commission Merchant*
10. Father's Birthplace *Elletts City Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Dentist Dr. Honorable Will*
- Address *No 203 W. Lombard St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35871

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec. 16, 1879

4. Place of Birth, (Street and Number)

198 N. Wolfe St.

5. Full Name of Mother

Long S. Martindale

6. Mother's Maiden Name

Boston

7. Mother's Birthplace

Maryland

8. Full Name of Father

Abraham A. Martindale

9. Father's Occupation

Carpenter

10. Father's Birthplace

Michigan

Name of Medical Attendant,

or other Person who makes this return.

Mary A. Allaville

Address

286 M. Donaghy St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 16 1879
4. Place of Birth (Street and Number) No. 72 Woodyard Street
5. Full Name of Mother M. E. Schmitt
6. Mother's Maiden Name E. E. Schmitt
7. Mother's Birthplace Prussia
8. Full Name of Father J. E. Schmitt
9. Father's Occupation Carpenter
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return E. Schmitt
- Address No 476 Penna Avenue
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) white

3. Date of Birth December 16 1879

4. Place of Birth (Street and Number) 155 Chester St

5. Full Name of Mother Anna Foley

6. Mother's Maiden Name M. M. Welch

7. Mother's Birthplace Ireland

8. Full Name of Father Michael Foley

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel Ann Garrett

Address 65 Beacock St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child; within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *December 16, 1879*

4. Place of Birth (Street and Number) *63 Buxton St*

5. Full Name of Mother *Mrs. Henry*

6. Mother's Maiden Name *Mrs. Haden*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *William Henry*

9. Father's Occupation *laborer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Garrison*

Address *63 Buxton St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

December 16. 1879.

4. Place of Birth (Street and Number)

No 961. Battery av-  
Mary Mcracken  
Mary Coker  
Baltimore

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

John Mcracken  
Police officer

9. Father's Occupation

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Catherine Horner

Address

No 106 West st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 16<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *William Street N<sup>o</sup> 313.*
5. Full Name of Mother *Mary Malgier*
6. Mother's Maiden Name *Mary Cook*
7. Mother's Birthplace *Essex Co. Mass.*
8. Full Name of Father *P. Malgier*
9. Father's Occupation *Conductor B & O. R.R. Co.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dorothea Brune*
- Address *No 114 Baltimore. Balt. City.*
- Remarks

THE PHYSICIAN, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *December 16*
4. Place of Birth (Street and Number) *Bond St Court No 2*
5. Full Name of Mother *Eliza Hughes*
6. Mother's Maiden Name *Eliza Reed*
7. Mother's Birthplace *Dorchester County*
8. Full Name of Father *William Hughes*
9. Father's Occupation *Cyber Smucker*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Harriet Jackson*  
*No 57 Edmont St*

*live Born*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH.

35819

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
2. Sex (state whether male or female) Female  
3. Race or Color (if not of the white race) White  
4. Date of Birth Dec. 16<sup>th</sup> 1879  
5. Place of Birth (Street and Number) No 6 S. Balhel St  
6. Full Name of Mother Jenny Mills  
7. Mother's Maiden Name " Taylor  
8. Full Name of Father Mary Land  
9. Father's Occupation Wm Mills  
10. Father's Birthplace Captin  
11. Name of Medical Attendant, or other Person who makes this Return. Long Land  
12. Address Mrs Louise Craft  
236 Canton ave  
13. Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born—its or their physical condition—whether still born or not—the full name, nativity, and residence

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6th.

Male

White

Dec. 16, 1899

\* 356 E. Chase St.

Margaret Ann Bright

" " Barnes

Baltimore, Md.

Thomas M. Bright

Baltimore, Md.

Merchant

Geo. A. Hartman, M.D.

\* 305 N. Caroline St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Tuesday Dec. 16, 1879
4. Place of Birth, (Street and Number) Baltimore 246 Hollins Street
5. Full Name of Mother Julia Dunn
6. Mother's Maiden Name Julia Fagan
7. Mother's Birthplace County Monaghan Ireland
8. Full Name of Father Edward P. Dunn
9. Father's Occupation Electrotypist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Krumpler
- Address 60 Schroter St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 17 Dec 1879
4. Place of Birth, (Street and Number) 10 Davis st
5. Full Name of Mother Anna Heiligenstadt
6. Mother's Maiden Name " Carter
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Heiligenstadt
9. Father's Occupation Exp. merchant
10. Father's Birthplace Prussia Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Kach
- Address 328 South Eutaw st
- Remarks \_\_\_\_\_



That the Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver a child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, and distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35823

To the Office of Registrar of Vital Statistics, / Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth *December 17th, 1879*
4. Place of Birth, (Street and Number) *No 95 Penna Ave*
5. Full Name of Mother *Mary E. Malthan*
6. Mother's Maiden Name *Mary E. Ackermann*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Henry Adolph Malthan Esq*
9. Father's Occupation *of River*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Anna Dumb W Schroter Es*
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup> Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 17<sup>th</sup> 1879

4. Place of Birth (Street and Number)

100 Sharp St.

5. Full Name of Mother

Elenia Walker

6. Mother's Maiden Name

Fallin

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Wm. H. Walker

9. Father's Occupation

Watchman

10. Father's Birthplace

Do

Name of Medical Attendant, or other Person who makes this return

R. J. A. Tall. M.D.

Address

152 Sharp St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ~~the~~ <sup>their</sup> physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3-11

DEC 1879

Male  
White

December 17 1879  
#15 Warren Avenue  
Anna McPhail  
Anna McCubbin  
Canada  
John McPhail  
Dealer in Lead  
Scotland  
1613 Noble St  
17 Warren Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 11 11

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12 of December

4. Place of Birth (Street and Number) 62 McCallister Street

5. Full Name of Mother Lovelle Jink

6. Mother's Maiden Name Lovelle Jink

7. Mother's Birthplace Germany

8. Full Name of Father Richard Jink

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cassius Kunkel

Address 71 North Chappel Street per Justice Kunkel

Remarks Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks "Vertex Presentation"

1st

Female

White

Wednesday Dec 17<sup>th</sup> 1879

34 Enoch St

Adah L. Stahl,

Adah L. Chamberlain

Huntingdon Co, Pa

August Stahl

Watch Maker

Baltimore Md

Wilmer Brinstow, M.D.

25 1/2 Greenmount Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1<sup>st</sup>)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 17, 1879*
4. Place of Birth (Street and Number) *No. 270 East Madison St.*
5. Full Name of Mother *Mrs. Elizabeth C. Smith*
6. Mother's Maiden Name *Miss E. C. Philips*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Mr. Charles T. Smith*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. Caudmen M.D.*
- Address *No. 102 North Broadway*
- Remarks

That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether ~~male~~ or female)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *December 4<sup>th</sup> 1879.*
  4. Place of Birth (Street and Number) *Lancaster St. No 38.*
  5. Full Name of Mother *Bertha Osterdorf.*
  6. Mother's Maiden Name *Bertha Kopp*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Clemens Osterdorf*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Lamm, Ju. Oldenburg, Germany*
- Name of Medical Attendant, or other person who makes this Return. *May E. Muller*
- Address. *N. Dallas St. No 26*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

378.30

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth *December 17th 1879*

4. Place of Birth (Street and Number) *N. Dallas St. No. 1.*

5. Full Name of Mother *Maria Trappold*

6. Mother's Maiden Name *Maria Stein*

7. Mother's Birthplace *Leidershausen V. Bairen Germany*

8. Full Name of Father *Johann L. Trappold*

9. Father's Occupation *Fruit Dealer*

10. Father's Birthplace *Thredberg V. Waidenburg Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Muller*

Address *N. Dallas St. No. 1.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth December the 17
4. Place of Birth (Street and Number) Pruden. ally no 27
5. Full Name of Mother Ellen Ross
6. Mother's Maiden Name Ellen Lowery
7. Mother's Birthplace Eastern Shore Md
8. Full Name of Father William Henry Lowery
9. Father's Occupation laborer
10. Father's Birthplace Frederick Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Smith
- Address no 25 George St ally
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35532

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec 17 - 1879

4. Place of Birth, (Street and Number)

No 21 Durst Alley

5. Full Name of Mother

Catherin Leimbach

6. Mother's Maiden Name

Miller

7. Mother's Birthplace

Germany.

8. Full Name of Father

Paulus Leimbach

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Schyassat midwife

Address

332 Banoover st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Male

White

Dec 17 1879

264 South St

Elizabeth Gouich

Ellen King

German

James Gouich

House Carpenter

German

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm E. Lutz  
143 Carter St

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

December 17 "1879  
22 S. Clayton St. Baltor

4. Place of Birth (Street and Number)

5. Full Name of Mother

Sarah E. Briggs

6. Mother's Maiden Name

Sarah E. Collins

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

James C. Briggs

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Catherine W. Davis 6 S. Chester St.

Remarks

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

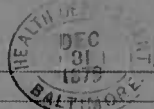
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



2nd

female

White

December 15th 1879

1079 E. Long St.

Lizzie Condit

Miller

Prussia

Prussia Germany

George Condit

Cigar maker

Baltimore

Mrs. M. A. Smith

1185 N. E. Cor. Central av. & Monument St.

Well

# RETURN OF A BIRTH,

35836

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
 (state whether male or female) Male  
 Race or Color, (if not of the white race) Colored  
 Date of Birth 18 of December  
 Place of Birth, (Street and Number) 78 Holland st  
 Full Name of Mother Elija Myers  
 Mother's Maiden Name Elija Furman  
 Mother's Birthplace Baltimore  
 Full Name of Father James Myers  
 Father's Occupation Printer  
 Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. M. W. Harriet Britton  
 Address 195 N. Calver st  
 Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *N.*
3. Date of Birth *December 17<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *Battery St. No 100.*
5. Full Name of Mother *Mary Schene.*
6. Mother's Maiden Name *Mary Schmink.*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *B. Schene.*
9. Father's Occupation *Carpenters.*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dorothea Brune.*
- Address *No 114 Battery St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *December 17<sup>th</sup> 1879.*
4. Place of Birth (Street and Number) *Light Street No. 339.*
5. Full Name of Mother *Anne Robertson*
6. Mother's Maiden Name *Elizabeth Hayward*
7. Mother's Birthplace *England*
8. Full Name of Father *John Robertson*
9. Father's Occupation *Cake man*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Joseph Brune*
- Address *No 114 Battery in Balt City.*
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

25829

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
Dec 17<sup>th</sup> 1879  
199 Columbia Ave  
Annie Fort  
Annie Rooney  
Baltimore  
Jas Fort

Baltimore  
Chas. J. Mulhearn  
279. W. Lombard

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 17 1899*
4. Place of Birth (Street and Number) *No 140 Market St*
5. Full Name of Mother *Hannah L. Bolling*
6. Mother's Maiden Name *Hannah L. Bonham*
7. Mother's Birthplace *Wheeling, W. Virginia*
8. Full Name of Father *William W. Bolling*
9. Father's Occupation *Civil Engineer*
10. Father's Birthplace *Petersburg Va*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Catard M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35841

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 17 1879
4. Place of Birth (Street and Number) 269 Mc Culloch.
5. Full Name of Mother Alice Dryden
6. Mother's Maiden Name Alice Fuller
7. Mother's Birthplace Balt
8. Full Name of Father C. Davis Dryden
9. Father's Occupation Merchant & manufacturer
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. J. E. Chatham Jr.
- Address 114 Park Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 17, 1879

4. Place of Birth (Street and Number)

175 Regt. Avenue

5. Full Name of Mother

Mauda Ann Halden

6. Mother's Maiden Name

Mauda Ann Peatz

7. Mother's Birthplace

Maryland

8. Full Name of Father

David L. Halden

9. Father's Occupation

Insurance Agent

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. H. Harch Md.

Address

75 E. Baltimore St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar & forward, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 17<sup>th</sup> 1879

4. Place of Birth, (Street and Number) 110 Penna. Ave.

5. Full Name of Mother Sophie Rosa Walther

6. Mother's Maiden Name Rehner

7. Mother's Birthplace Balto. City

8. Full Name of Father Geo. W. Walther

9. Father's Occupation Plumber

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this return. J. H. Christian M.D.

Address 431 Penna. Ave.

Remarks \_\_\_\_\_

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 11 Dec
4. Place of Birth, (Street and Number) 113 Lexington
5. Full Name of Mother George Dieter
6. Mother's Maiden Name Baker
7. Mother's Birthplace Baltimore
8. Full Name of Father Lehr Dieter
9. Father's Occupation Furniture & Store
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Anna Lumley 60 Schrote
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth the 17 December 1879
4. Place of Birth (Street and Number) No 70 Street
5. Full Name of Mother Mary Jackson
6. Mother's Maiden Name Mary Williams
7. Mother's Birthplace Eastern Texas
8. Full Name of Father James Jackson
9. Father's Occupation Laborer
10. Father's Birthplace Louisiana
- Name of Medical Attendant, or other Person who makes this Return. Roscoe Williams
- Address No 70 Street
- Remarks Mother and Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35846

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 18/79

4. Place of Birth (Street and Number)

22 E. Townsend St.

5. Full Name of Mother

Mary H. Nicholson

6. Mother's Maiden Name

Miller

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Columbus J. Nicholson

9. Father's Occupation

Broker

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

H. R. Betterhoff M.D.

Address

77 George St.

Remarks

205 W. Biddle St.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 18th - 1879

4. Place of Birth, (Street and Number)

654 Light Street

5. Full Name of Mother

Emma Reese

6. Mother's Maiden Name

Emma ~~Stearns~~ real

7. Mother's Birthplace

Baltimore, C.

8. Full Name of Father

John Reese

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore, C.

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth O'Connell

Address

11 Barnet Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

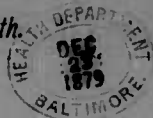


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Second*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *The 13<sup>th</sup> Dec.*  
 4. Place of Birth (Street and Number) *Baltimore 11<sup>th</sup> Pratt St. No 191*  
 5. Full Name of Mother *Lena Till*  
 6. Mother's Maiden Name *Lena Schamberg*  
 7. Mother's Birthplace *Baltimore Md.*  
 8. Full Name of Father *John Till*  
 9. Father's Occupation *Shut up*  
 10. Father's Birthplace *Baltimore Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Madam Riss G. Lauer*  
 Address *No 26 N. University St. Baltimore Md*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec. 18. 1879  
4. Place of Birth (Street and Number) Baltimore Columbia St. N. 1  
5. Full Name of Mother Alice Myers  
6. Mother's Maiden Name Fisher  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Charles Meyer  
9. Father's Occupation Laborer  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell  
Address No. 140 Ramsey St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

25856

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 18 December
4. Place of Birth (Street and Number) 162 Wolf St
5. Full Name of Mother Marie Pluin
6. Mother's Maiden Name Bumier
7. Mother's Birthplace M. P.
8. Full Name of Father Peter Pluin
9. Father's Occupation Dayton
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Paul Luper
- Address 52 E. Lombard
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 18<sup>th</sup> 1879

4. Place of Birth, (Street and Number) No 27 Forest St.

5. Full Name of Mother Andy Smith

6. Mother's Maiden Name Matkalana

7. Mother's Birthplace Germany

8. Full Name of Father Andy Smith

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Catherine Tell.

Address No. 57 Barclay St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex: (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 18 1879

4. Place of Birth (Street and Number)

6 24th St

5. Full Name of Mother

Maggie Kirby

6. Mother's Maiden Name

Maggie Murray

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Kirby

9. Father's Occupation

labor

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Wm E. Gray

Address

193 Chester St

Remarks

Healthy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35833

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

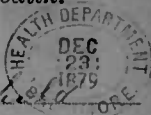


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 11<sup>th</sup> Dec. 1879.
4. Place of Birth, (Street and Number) 2510 Dallas St.
5. Full Name of Mother Annie Kaysning.
6. Mother's Maiden Name Annie Hauld.
7. Mother's Birthplace Balt. City.
8. Full Name of Father Henry Kaysning.
9. Father's Occupation Cupbearer
10. Father's Birthplace Balt. City.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Hall
- Address 1257 Harrison
- Remarks Balt. City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *December 18th*  
 4. Place of Birth (Street and Number) *no 3 plum alley*  
 5. Full Name of Mother *alvertia robberson*  
 6. Mother's Maiden Name *alvertia wilkins*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *isac robberson*  
 9. Father's Occupation *sea sailor*  
 10. Father's Birthplace *west india*  
 Name of Medical Attendant, or other Person who makes this Return. *miss Lydia portis*  
 Address *no 4 patpsco avenue*  
 Remarks *delicad child dr dger call in corner hill and howard st*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 18th 79*

4. Place of Birth (Street and Number) *44 Bayle Ave*

5. Full Name of Mother *Laura A. Pickers Nelson*

6. Mother's Maiden Name *Laura A. Andersen*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Pickers A. Nelson*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Ind*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Chelley M. S.*  
*89 Greene St*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>  
Sex (state whether male or female) Female  
Race or Color (if not of the white race) White  
Date of Birth Dec the 15<sup>th</sup> 1879  
Place of Birth (Street and Number) \_\_\_\_\_  
Full Name of Mother Wilhelmine Frank  
Mother's Maiden Name Müller  
Mother's Birthplace Baltimore  
Full Name of Father Eduard Frank  
Father's Occupation Laborer  
Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft  
Address 236 Canton Ave  
Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

(state whether male or female)

Female

Race or Color (if not of the white race)

White

Date of Birth

Dec the 15<sup>th</sup> 1879

Place of Birth (Street and Number)

189 S Bond St

Full Name of Mother

Elise Thal

Mother's Maiden Name

" " Sprinkelman

Mother's Birthplace

Germany

Full Name of Father

Robert Thal

Father's Occupation

Seaman

Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louise Kraft

Address

236 Canton Ave

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

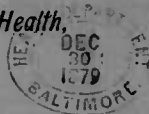


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether male or female) *Mädchen*  
 2. Race or Color (if not of the white race) *Weiß*  
 3. Date of Birth *geboren den 18. Dezember*  
 4. Place of Birth (Street and Number) *158 Albrechtstr*  
 5. Full Name of Mother *Franziska Schimmis*  
 6. Mother's Maiden Name *Franziska Schäkepp*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Henry Schimmis*  
 9. Father's Occupation *Hausarbeiter*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*  
 Address *119 E. La Harp Str*  
 Remarks *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) male,
2. Race or Color (if not of the white race) white
3. Date of Birth Dec 18<sup>th</sup> 1879
4. Place of Birth (Street and Number) Pen Ave.
5. Full Name of Mother Emma V Paul
6. Mother's Maiden Name ~~Wm H Paul~~ Emma V Lapp
7. Mother's Birthplace Balto City
8. Full Name of Father Wm H Paul
9. Father's Occupation Builder
10. Father's Birthplace Balto City
- Name of Medical Attendant, or other Person who makes this Return. H. L. Hackett
- Address Carey & Preston Sts
- Remarks City

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 L
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth December 13<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 71 Jefferson St.
5. Full Name of Mother Henriette Neu
6. Mother's Maiden Name Henn. Kell
7. Mother's Birthplace Baltimore
8. Full Name of Father Bernhard Neu
9. Father's Occupation Cattle Dealer
10. Father's Birthplace New York City
- Name of Medical Attendant, or other Person who makes this Return Mani R. Rudiger
- Address 134 Bond St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35867

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 6

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec. 18. 1879

4. Place of Birth, (Street and Number)

417 Bowdoin St. No. 26

5. Full Name of Mother

Sophia Veit

6. Mother's Maiden Name

Deitz

7. Mother's Birthplace

Unter Griesheim Wittenberg

8. Full Name of Father

Georg Veit

9. Father's Occupation

Farmer

10. Father's Birthplace

Buttenmyer Penna

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Braggs

Address

212 N. 1st St.

Remarks

1111 1212





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33863

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 18 1877

4. Place of Birth (Street and Number) 294 Lombardy St

5. Full Name of Mother Rebecca C. G. G. G.

6. Mother's Maiden Name Julia K. K. K.

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father George C. C. C.

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. J. J.

Address 1234 5th St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

December 18, 1879.

4. Place of Birth (Street and Number)

143 S. Central Ave.

5. Full Name of Mother

Margaret Clarke.

6. Mother's Maiden Name

Garrison.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Albert C. Clarke.

9. Father's Occupation

Miner.

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

L. C. Gordon, M.D.

Address

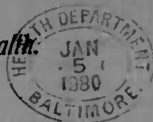
511 A. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, anding distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Dec. 18th 1879.

4. Place of Birth (Street and Number)

2 Fremont St. Boston N.

5. Full Name of Mother

Anna Backenstager

6. Mother's Maiden Name

Anna Ring

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Backenstager

9. Father's Occupation

Parser

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Stephen Wanda  
St. Paul, N.Y.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth  
Male  
White  
Dec 18<sup>th</sup> 1879  
64 Greenmount Ave  
Margaret Jellars  
Margaret Henry  
Baltimore  
Frank Jellars  
Lumber  
Baltimore  
Silas N. Hunter, M.D.  
36 Greenmount Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 15<sup>th</sup> 1879

4. Place of Birth (Street and Number)

283 N. Anne St

5. Full Name of Mother

Mary Wheeler

6. Mother's Maiden Name

Mary Thompson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. Wheeler

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Silas H. Hunter M.D.

Address

36 Greenmount Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 18th 1879

4. Place of Birth (Street and Number)

75 N. Fulton St

5. Full Name of Mother

Elizabeth Frances Shipley

6. Mother's Maiden Name

Downey

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles H. Shipley

9. Father's Occupation

Black when he last employed, none now.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elias C. Price, M.D.

Address

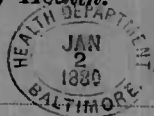
262 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. the 18<sup>th</sup> 1879
4. Place of Birth (Street and Number) 117 Leadenhall St.
5. Full Name of Mother Philippine Weschenfelder
6. Mother's Maiden Name " " Metzger
7. Mother's Birthplace Germany
8. Full Name of Father Leopold Weschenfelder
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Katherid Münch
- Address No 8 Leadenhall St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 18th 1879*
4. Place of Birth (Street and Number) *Leary St 4 100*
5. Full Name of Mother *Mary Jones*
6. Mother's Maiden Name *Whitler*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Joseph Jones*
9. Father's Occupation *Seaman and dealer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs R. M. M. M.*
- Address *4 1/2 14th St*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35871

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Dec 18th. 1879  
4. Place of Birth, (Street and Number) 270 North Howard St.  
5. Full Name of Mother Bertie E. Hargis  
6. Mother's Maiden Name Bertie E. Schreyer SCHEYE  
7. Mother's Birthplace Baltimore  
8. Full Name of Father E. J. Hargis  
9. Father's Occupation Apprentice  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Amos Daniel C. Schroeder SCHROEDER  
Address Amos Daniel C. Schroeder SCHROEDER  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 18. 1879
4. Place of Birth (Street and Number) 107 Hanover
5. Full Name of Mother Christine B. Gollieb
6. Mother's Maiden Name Christine Butterfield
7. Mother's Birthplace Wheeling W.V.
8. Full Name of Father Fred. H. Gollieb
9. Father's Occupation Brewer
10. Father's Birthplace Scruggs
- Name of Medical Attendant, or other Person who makes this Return. F. C. Chatant Jr
- Address 114 Park Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether male or female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dec 12<sup>th</sup> 1879  
232 E. 12<sup>th</sup> St.  
Meta J. Hill  
Meta J. Hill  
W. Hill  
Henry J. Hill  
Letter Carrier  
Germany  
John L. Hill  
City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35874

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

14 of December, 1879.  
1545 W. Pratt Street

4. Place of Birth (Street and Number)

5. Full Name of Mother

Karoline Rice

6. Mother's Maiden Name

Karoline Karger

7. Mother's Birthplace

Baltimore County

8. Full Name of Father

Thomas Rice

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Miss Anne Lindner

Address

1545 S. Lombard Street

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 19<sup>th</sup> 1879
4. Place of Birth, (Street and Number) No 54 S. Bond St
5. Full Name of Mother Barbara Goetzke
6. Mother's Maiden Name " Huber
7. Mother's Birthplace Germany
8. Full Name of Father Louis Goetzke
9. Father's Occupation Butler
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs W. Goetzke
- Address No 55 S. Bond St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the manner of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Dec 19<sup>th</sup> 1877
4. Place of Birth, (Street and Number) Hammond St, No. 100
5. Full Name of Mother Abneria Dickson
6. Mother's Maiden Name Elena Lloyd
7. Mother's Birthplace Baltimore
8. Full Name of Father Al Dickson
9. Father's Occupation Captain U.S. Army
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Margaret L. Titus
- Address 4 Chelmsford
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

25877

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 19th 1879
4. Place of Birth (Street and Number) 536 Disqueeth St
5. Full Name of Mother Anna P. Sadler
6. Mother's Maiden Name Anna P. Ryan
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas Sadler
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. A. Watson
- Address 457 N. Central Ave.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 14 December

4. Place of Birth, (Street and Number) St Clay St

5. Full Name of Mother Mary E. Gross

6. Mother's Maiden Name Richards

7. Mother's Birthplace Germany

8. Full Name of Father John Gross

9. Father's Occupation Grocery Keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Mrs. Sarah Carter

Address 52 E. Lombard St

Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within five days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35879

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec. 19th 1879.

4. Place of Birth, (Street and Number)

118 63 Cor Bantalan & Ramsey St.

5. Full Name of Mother

Mary Wagner.

6. Mother's Maiden Name

Mary Gager.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Wagner.

9. Father's Occupation

Sugar Manufacturer

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Katherine Tell.

Address

118 57 Bantalan St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

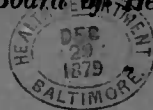
- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Born Oct 1971
4. Place of Birth, (Street and Number) Baltimore 205 E. Ave. 1
5. Full Name of Mother Margaret Smith
6. Mother's Maiden Name "
7. Mother's Birthplace Baltimore
8. Full Name of Father William Smith
9. Father's Occupation Steward
10. Father's Birthplace Bartholomew County
- Name of Medical Attendant, or other Person who makes this Return. Ameline Wilson
- Address 399 Lombard St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 19 1879
4. Place of Birth, (Street and Number) Rye M 38
5. Full Name of Mother Emily Carter
6. Mother's Maiden Name Emily Harris
7. Mother's Birthplace Ireland
8. Full Name of Father Wm Carter
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter
- Address 21 N Poppleton St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

55882  
Dec 19<sup>th</sup>  
Way W Lombard  
Albertus C Davis  
Abigail C Hobbs  
Howard Co. Md  
A. C. Davis  
Howard Co. Md  
L R K Kneass  
534 W Fayette St

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth June 19th

4. Place of Birth, (Street and Number) Baltimore No. 62 St. Hill

5. Full Name of Mother Sarah Mathews

6. Mother's Maiden Name Jarison

7. Mother's Birthplace Baltimore

8. Full Name of Father Ben Mathews

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. William H. H. H.

Address St. Hill

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 19<sup>th</sup> 79

4. Place of Birth (Street and Number)

No 433 Hamburg St

5. Full Name of Mother

Sarah M. Flower

6. Mother's Maiden Name

Sarah M. Cary

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Bernard M. Hoffman

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. W. Lombard M.D.

Address

No 203 W Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36885

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec. 19<sup>th</sup> 1879
4. Place of Birth (Street and Number) 113 N. Dolphin
5. Full Name of Mother Mary Benny
6. Mother's Maiden Name Wells
7. Mother's Birthplace Baltimore
8. Full Name of Father Alexander L. Benny
9. Father's Occupation Policeman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Jeff M.D.  
55 W. 12th St.

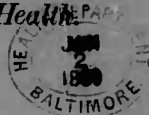


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33886

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first one*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 11*
4. Place of Birth (Street and Number) *Stockholm near Leadengate No. 4*
5. Full Name of Mother *Kate Jacob*
6. Mother's Maiden Name *Kate Frey*
7. Mother's Birthplace *Born in Germania Sweden*
8. Full Name of Father *Henry Jacob*
9. Father's Occupation *Booker*
10. Father's Birthplace *Born in Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. W. W. W.*
- Address *8 Lane Ave. Baltimore*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

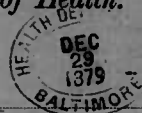


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *19 of December*
4. Place of Birth (Street and Number) *113 Gusty Henrietta St*
5. Full Name of Mother *Gusty Henrietta Schwartz*
6. Mother's Maiden Name *Ballinroe*
7. Mother's Birthplace *Ballinroe*
8. Full Name of Father *August H. Schwartz*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Crusia State of Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Professor M. M. M.*
- Address *8 Landonfall St*
- Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *Decr 19. 79*
4. Place of Birth (Street and Number) *199 N. Caroline St*
5. Full Name of Mother *Mary Wagner*
6. Mother's Maiden Name *" Kennedy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward Wilson*
9. Father's Occupation *Conductor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Isabelle Brown*
- Address *266 E. Monument St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Dec 19th 1879
4. Place of Birth (Street and Number) Alexander Street 11 267
5. Full Name of Mother Margaret Rutledge
6. Mother's Maiden Name Marin
7. Mother's Birthplace Baltimore
8. Full Name of Father John Rutledge
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm R. Utting
- Address 18 Holland Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 19th 1877*
4. Place of Birth (Street and Number) *Board Street H. 24*
5. Full Name of Mother *Wilhelmina E. Spafford*
6. Mother's Maiden Name *W. A. Ward*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Spafford*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Wagoner, England*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. R. Allen*
- Address *48 N. Hollister St.*
- Remarks



32890

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 19, 1879

4. Place of Birth (Street and Number) Baltimore 199 Forrest St.

5. Full Name of Mother Lillian Francis Canapp

6. Mother's Maiden Name Lillian F. Brown

7. Mother's Birthplace Baltimore County Md

8. Full Name of Father George H. Brown

9. Father's Occupation Blacksmith

10. Father's Birthplace Howard County Md

Name of Medical Attendant, or other Person who makes this Return. Joseph Morden

Address 330 Leggett St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec 20. 1879

4. Place of Birth, (Street and Number)

7. Brewster St. No 811

5. Full Name of Mother

Margarette Wenzel

6. Mother's Maiden Name

Schubert

7. Mother's Birthplace

Frankfurt Prussia

8. Full Name of Father

Johann Wenzel

9. Father's Occupation

Basketmaker

10. Father's Birthplace

Frankfurt Prussia

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Brown

Address

17 W. 1st St. N. W.

Remarks

W. E. M. P.





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

32894

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 20th 1879

4. Place of Birth (Street and Number)

Baltimore, Bennett st N. 18

5. Full Name of Mother

Jeda Knight

6. Mother's Maiden Name

" Sappington

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Knight

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss C. Mitchell

Address

No. 140 Ramsey st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1<sup>st</sup>

Male

White

Dec. 20. 1899

# 310 E. Chase St.

Sallie Rosalie Hurstman

" " Evans

Balto. Md.

Thomas H. Hurstman

Balto. Md.

Bookkeeper

Geo. A. Hartman M.D.

# 305 N. Caroline St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

*Caroline* BALTIMORE CITY.

Name ~~Katherine~~ *Sophia Wagner*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *not of the white race*

3. Date of Birth *20 of the December.*

4. Place of Birth (Street and Number) *St. Louis St. 275*

5. Full Name of Mother *Louise Wagner*

6. Mother's Maiden Name *Louise Klotz*

7. Mother's Birthplace *Frankenhausen Germany*

8. Full Name of Father *John Wagner*

9. Father's Occupation *tailor*

10. Father's Birthplace *Braunau Germany*

Name of Medical Attendant, or other Person who makes this Return. *Katharina Münnich*

Address *8 Isaac auf der St.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*  
1. Sex (state whether Male or Female) *male*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *December 20th 1879*  
4. Place of Birth (Street and Number) *138 Republican St.*  
5. Full Name of Mother *May Maylander*  
6. Mother's Maiden Name *Mary Heinemann*  
7. Mother's Birthplace *Hanover Germany*  
8. Full Name of Father *Henry Maylander*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Hanover Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. J. A. Henzel*  
Address *56 North St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Dec. 20th 1884

4. Place of Birth (Street and Number)

65 n. Sprinkler St.

5. Full Name of Mother

Anna Roberts

6. Mother's Maiden Name

A. Talbot

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

E. Roberts

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Sophia Mennel  
56 Bal St

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 20 November
4. Place of Birth, (Street and Number) 232 Eastern Av
5. Full Name of Mother Mattie Rostberg
6. Mother's Maiden Name Shub
7. Mother's Birthplace M. P.
8. Full Name of Father Georg Rostberg
9. Father's Occupation black
10. Father's Birthplace M. P.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Barker
- Address 52. E. Howard
- Remarks \_\_\_\_\_

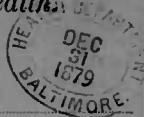
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

324

# RETURN OF A BIRTH.

35900

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

Boy

2. Race or Color (if not of the white race)

White

3. Date of Birth

20<sup>th</sup> December 1879

4. Place of Birth (Street and Number)

Baltimore Chapel st. No 1052

5. Full Name of Mother

Charles Bonenclau

6. Mother's Maiden Name

Josephine Beaneck

7. Mother's Birthplace

Germany

8. Full Name of Father

Joseph Bonenclau

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Kopsch

Address

67 Washington st

Remarks

Mary Kopsch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35901

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 1st

4. Place of Birth (Street and Number) December 1st 1879

5. Full Name of Mother Bridget Walsh

6. Mother's Maiden Name Bridget Walsh

7. Mother's Birthplace Ireland

8. Full Name of Father James Walsh

9. Father's Occupation Blacksmith

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs. Jennie Mearns  
114 Pennsylvania Ave.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) White
2. Race or Color (if not of the white race) White
3. Date of Birth March 20/79
4. Place of Birth (Street and Number) 824 W. 1st St.
5. Full Name of Mother Emma J. Murphy
6. Mother's Maiden Name Polk
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Stephen Murphy
9. Father's Occupation Engineer
10. Father's Birthplace Grayson Co. Va.
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. ...
- Address 379 W. ...
- Remarks ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

25703



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30<sup>th</sup> of December*
4. Place of Birth (Street and Number) *No 84 E. Union St*
5. Full Name of Mother *M<sup>rs</sup> Anna Thomas*
6. Mother's Maiden Name *Anna Plaggenberg*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Theodore Thomas*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. P. H. H. H.*
- Address *No 26 N. Liberty St. Baltimore*
- Remarks *M. S.*

Every physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35904

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th Child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20 December*
4. Place of Birth (Street and Number) *Baltimore, Washington Road*
5. Full Name of Mother *Mary Kraning*
6. Mother's Maiden Name *Mary Hingleman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Kraning*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar offoresaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Dec 20 1879*
4. Place of Birth (Street and Number) *241 South Howard St*
5. Full Name of Mother *Lourenia Coles*
6. Mother's Maiden Name *do Harris*
7. Mother's Birthplace *Easton Md*
8. Full Name of Father *He Coles*
9. Father's Occupation *Sleeping car Porter*
10. Father's Birthplace *Petersburg Va*
- Name of Medical Attendant, or other Person who makes this Return. *Ellen Stub*
- Address *42 Little Sharp St*
- Remarks

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December the 20<sup>th</sup> 1899*

4. Place of Birth (Street and Number) *McDonnell St. N<sup>o</sup> 304*

5. Full Name of Mother *Mary Leshner*

6. Mother's Maiden Name *Mary Wollbrant*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John Leshner*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*

Address *N<sup>o</sup> Dallas St. N<sup>o</sup> 26*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35908

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether male ~~or female~~)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 20, 1879*

4. Place of Birth (Street and Number) *N. Durham St. No. 229,*

5. Full Name of Mother *Emma Wittig*

6. Mother's Maiden Name *Emma Hermann*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Patrick Wittig*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Ray E. Miller*

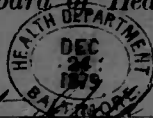
Address *N. Dallas St. No. 26*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence of the mother of such child or children.

# RETURN OF A BIRTH, 55909

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 20<sup>th</sup> 1879
4. Place of Birth, (Street and Number) N. 49 James alley.
5. Full Name of Mother Elizabeth Green
6. Mother's Maiden Name Wagner.
7. Mother's Birthplace America
8. Full Name of Father John Green
9. Father's Occupation Laborer.
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Loewasser midwife
- Address 330 Hanover St.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 20<sup>th</sup> 1877*  
 4. Place of Birth (Street and Number) *No. 434 Bonum st*  
 5. Full Name of Mother *Annie Hall*  
 6. Mother's Maiden Name *Annie Keen*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *James Hall*  
 9. Father's Occupation *Wagon maker*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Lena Hildebrandt*  
 Address *182 E. Monument st*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

33911

To the Office of Registrar of Vital Statistics, **Board of Health.**  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth 10th December
4. Place of Birth, (Street and Number) 444 N. Baltimore St
5. Full Name of Mother Harriet Holland
6. Mother's Maiden Name Baltimore
7. Mother's Birthplace
8. Full Name of Father Wm. Wilson
9. Father's Occupation Pastor
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Mid. Wm. Harriet Dr. Williams
- Address No. 145 North Enoch St
- Remarks

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

35912

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 20 of December
4. Place of Birth, (Street and Number) 558 West Pratt St
5. Full Name of Mother Sarah Walsh
6. Mother's Maiden Name McCrory
7. Mother's Birthplace Baltimore
8. Full Name of Father John W. Walsh
9. Father's Occupation Assistant Engineer in Fire Department
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. William Hunter
- Address 21 W. Poppleton St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

Dec 20<sup>th</sup> 1879

4. Place of Birth (Street and Number)

419 Gay St.

5. Full Name of Mother

Mary Ellen Woodson

6. Mother's Maiden Name

Robinson

7. Mother's Birthplace

Balto City

8. Full Name of Father

William J. Woodson

9. Father's Occupation

Painter

10. Father's Birthplace

York Co Penn

Name of Medical Attendant, or other Person who  
makes this Return.

W. Hall Rutledge

Address

157. Chesapeake St

Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days after, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

259111

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> child

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth 20<sup>th</sup> December 1879

4. Place of Birth, (Street and Number) 249 Lee St

5. Full Name of Mother Ella Parsons

6. Mother's Maiden Name " Johnson

7. Mother's Birthplace Ind

8. Full Name of Father Jas. Parsons

9. Father's Occupation Cigar Maker

10. Father's Birthplace Ind

Name of Medical Attendant, or other Person who makes this Return. Dr. W. Webster, Md

Address 57 Bancroft

Remarks \_\_\_\_\_

The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 20<sup>th</sup> 1879

4. Place of Birth (Street and Number)

15 Columbia Ave

5. Full Name of Mother

Coyle

6. Mother's Maiden Name

7. Mother's Birthplace

New York

8. Full Name of Father

Wm Coyle

9. Father's Occupation

Mechanic

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. Nicholson

Address

279 W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

GIVEN NAME ADDED

# RETURN OF A BIRTH.

35916

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Haward  
C. H. Mitchell

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 21<sup>st</sup> 79

4. Place of Birth (Street and Number)

No 79 S Hampden

5. Full Name of Mother

Sarah Mitchell

6. Mother's Maiden Name

Sarah Robey

7. Mother's Birthplace

Prince Georges County

8. Full Name of Father

Francis W. Mitchell

9. Father's Occupation

Cypherman

10. Father's Birthplace

Prince Georges County

Name of Medical Attendant, or other Person who makes this Return.

J. G. Womble M.D.

Address

203 W Lombard St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33917

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth December 28 21d. 1879
4. Place of Birth, (Street and Number) 114 Lomb. Str.
5. Full Name of Mother Katherine Keep
6. Mother's Maiden Name Kathn. Witzgal
7. Mother's Birthplace Baltimore
8. Full Name of Father Friedrich Keep
9. Father's Occupation Merchant Tailor.
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

35918

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Name of Mother, (state whether 1st, 2d, 3d, &c.)

1st 2

Sex whether Male or Female

female

Color (if not of the white race)

Color

Birth

on the 21 December

Birth (Street and Number)

No 90 Leaden Hall St

Name of Mother

Emma Cooke

Maiden Name

Emma Stafford

Birthplace

Cambridge

Name of Father

William Cooke

Occupation

laborer man

Birthplace

Virginia

Medical Attendant, or other Person who makes this Return.

Surgeon

Sidney

No 1 Patapsco Ave. Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

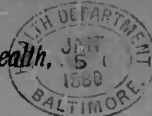
Remarks

1st  
Female  
white  
Dec. 21st 1879  
101 N. Salisbury St.  
Margaretta Buchwald  
M. Roe Biss  
Baltimore Md  
Friedrich George Buchwald  
Jardel  
Baltimore Md.  
Sophia Wenzel  
16 E. 1st St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth Jan 21 79

4. Place of Birth (Street and Number) 427 W. 1st St. Baltimore

5. Full Name of Mother Constance Myers

6. Mother's Maiden Name Hubbards

7. Mother's Birthplace Philadelphia

8. Full Name of Father Leorio Myers

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. B. Billingslea

Address Harford Ave & Biddle St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child as soon born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- 35931
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 21 1874*
4. Place of Birth (Street and Number) *Home 163 W Lombard St.*
5. Full Name of Mother *Virginia Good year*
6. Mother's Maiden Name *Virginia Moulder*
7. Mother's Birthplace *Perma*
8. Full Name of Father *Michael Good year*
9. Father's Occupation *Farmer*
10. Father's Birthplace *U.S.*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Brancham M.D.*
- Address *63 W Lombard St. City*
- Remarks *Mother and child dropped  
singing will*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

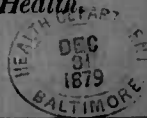
Mary Joseph

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35923

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Child

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 21<sup>st</sup> of December

4. Place of Birth, (Street and Number) No. 29 S. Poppleton Street

5. Full Name of Mother Wilhelmina Vogt

6. Mother's Maiden Name Wilhelmina Roudiger

7. Mother's Birthplace Fridtlage near Cassel in Germany

8. Full Name of Father Frederick A. Vogt

9. Father's Occupation Lager Beer Saloon

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Susan G. C. Schroder

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Born on 21<sup>st</sup> Dec. 1879
4. Place of Birth, (Street and Number) " 436 Mulberry St
5. Full Name of Mother Margaret Catherine Carson
6. Mother's Maiden Name " "
7. Mother's Birthplace Manchester Maryland
8. Full Name of Father John Ferdinand Bowers
9. Father's Occupation Printer
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. None
- Address None
- Remarks None



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) First

1. Sex (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth Dec. 21<sup>st</sup> 1879
  4. Place of Birth, (Street and Number) 397 W Lombard St. cor of Park Row
  5. Full Name of Mother Annie Beanne Turk
  6. Mother's Maiden Name Annie Beanne
  7. Mother's Birthplace Ireland
  8. Full Name of Father Joe Witt Turk
  9. Father's Occupation Powder Business
  10. Father's Birthplace State of New York
- Name of Medical Attendant, or other Person who makes this Return. Julius Morris, M.D.
- Address No. 5 Franklin St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *21st of December 1877.*
4. Place of Birth (Street and Number) *592 W. Pratt Street.*
5. Full Name of Mother *Frances Fischer*
6. Mother's Maiden Name *Kiehl*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Fischer*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Bavaria*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Anne Lindner*
- Address *1045 S. Monroee*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21 Dec
4. Place of Birth (Street and Number) Leadenhall St. No. 12
5. Full Name of Mother Margaret Ward
6. Mother's Maiden Name Hickey
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Ward
9. Father's Occupation Laber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs. Conway
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 21 1879

4. Place of Birth (Street and Number) Penna Avenue

5. Full Name of Mother Mary Handlouse

6. Mother's Maiden Name Mary Miller

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Handlouse

9. Father's Occupation Beer Brewery

10. Father's Birthplace Baden

Name of Medical Attendant, or other Person who makes this Return C. Schmitt

Address N. 470 Penna Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Dec 21*
4. Place of Birth (Street and Number) *448 Lombard Street*
5. Full Name of Mother *Sophia Whitehead*
6. Mother's Maiden Name *Sophia Thurnet*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Edward Whitehead*
9. Father's Occupation *Eye Trade Grinder*
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Black*
- Address *1439 West Pratt*
- Remarks \_\_\_\_\_

That any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35930

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Decemb. 21st 1879

4. Place of Birth (Street and Number)

67. Park Ave

5. Full Name of Mother

Emma Bauersfeld

6. Mother's Maiden Name

Emma Hall.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Friedrich Bauersfeld

9. Father's Occupation

Legion dealer

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

John M. Smith

Address

108. E. Sharp St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 21 — 1889
4. Place of Birth, (Street and Number) No 328 Hanover St
5. Full Name of Mother Wilhelmine Platt
6. Mother's Maiden Name Heringer
7. Mother's Birthplace America
8. Full Name of Father August Platt
9. Father's Occupation German
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. J. Trochwasser midwife
- Address 320 Hanover St.
- Remarks \_\_\_\_\_

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth.*

1. Sex (state whether Male or Female)

*Male -*

2. Race or Color (if not of the white race)

*White -*

3. Date of Birth

*December 21<sup>st</sup> 1879*

4. Place of Birth (Street and Number)

*No. 382 Franklin St.*

5. Full Name of Mother

*Mary Ann Baetjer*

6. Mother's Maiden Name

*Koppelman*

7. Mother's Birthplace

*Baltimore Md.*

8. Full Name of Father

*J. George Baetjer*

9. Father's Occupation

*Merchant*

10. Father's Birthplace

*Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

*Louis Dr. Knight M.D.*

Address

*112 N. Greene St.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 21st 1879

4. Place of Birth (Street and Number)

20 N Broadway

5. Full Name of Mother

Emma V Bates

6. Mother's Maiden Name

Regester

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Joshua A Bates

9. Father's Occupation

Iron Founder

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

D W Battelle M.D.

Address

2 N Broadway

Remarks

1

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

359311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th.  
1. Sex (state whether male or female) female  
2. Race or Color (if not of the white race) White  
3. Date of Birth December 21st, 1879.  
4. Place of Birth (Street and Number) No. 12 Hoffman St.  
5. Full Name of Mother Mary Ann Kelly  
6. Mother's Maiden Name J. Hillman  
7. Mother's Birthplace Baltimore  
8. Full Name of Father John Henry  
9. Father's Occupation Brick Layer  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs. M. B. Bull  
Address No. 185 S. E. cor. Central st. & Monument St.  
Remarks 20 Mch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35905

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth 21 of December 1879  
4. Place of Birth (Street and Number) 478 Canton St  
5. Full Name of Mother Per Bennett Smith  
6. Mother's Maiden Name hennery  
7. Mother's Birthplace ocean  
8. Full Name of Father George hinner  
9. Father's Occupation Sabro  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley  
Address No 12 Patterson Park  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

December 21st

4. Place of Birth, (Street and Number)

McDermott St. 190

5. Full Name of Mother

Margaret Conners

6. Mother's Maiden Name

Frank

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel Conners

9. Father's Occupation

Mechanic

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Culbuck.

Address

296 Mt. Donagh St

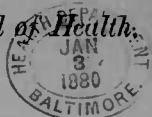
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 21 '79

4. Place of Birth (Street and Number)

81 Hanover St.

5. Full Name of Mother

Eliza Lohmeyer

6. Mother's Maiden Name

Maehlich

7. Mother's Birthplace

Prussia

8. Full Name of Father

William Lohmeyer

9. Father's Occupation

Dry Goods Dealer

10. Father's Birthplace

Hannover Germany.

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address

328 South Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *Born December the 21 1879*
4. Place of Birth (Street and Number) *Stacken a way number 10*
5. Full Name of Mother *Mary Thomas*
6. Mother's Maiden Name *Mary Charles Gordon*
7. Mother's Birthplace *Born in Howard county md*
8. Full Name of Father *Charles Henry Thomas*
9. Father's Occupation *my occupation is to do any thing i'd do*
10. Father's Birthplace *Born in St marys county md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. J. S. Perry*
- Address *Saratoga Street number 445*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35939

DEPT. OF HEALTH  
JAN  
2  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Twelfth - (12<sup>th</sup>)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 22. 1879.

4. Place of Birth (Street and Number)

Frederick St. opp. Carey

5. Full Name of Mother

Mrs. James Gaffney

6. Mother's Maiden Name

Sidonia Lee

7. Mother's Birthplace

Hartford Co., Md.

8. Full Name of Father

James Gaffney

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Carey, M.D.

Address

520 Penn. Av.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second  
 1. Sex: (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Dec. 22<sup>d</sup> 1879  
 4. Place of Birth, (Street and Number) 17 Woodlawn St.  
 5. Full Name of Mother Bohnia Moore  
 6. Mother's Maiden Name Offenbaugh  
 7. Mother's Birthplace Balto. Md.  
 8. Full Name of Father Wm. Moore  
 9. Father's Occupation Clerk  
 10. Father's Birthplace Balto. Md.  
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. C. Smith, M.D.  
 Address 431 Penn. Ave.  
 Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- 35941
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race)  
3. Date of Birth Dec 22, 1899  
4. Place of Birth (Street and Number) E. Chase St., near Washington A. Side  
5. Full Name of Mother Lucy E. Allen  
6. Mother's Maiden Name " " Fowler  
7. Mother's Birthplace Pa.  
8. Full Name of Father John P. Allen  
9. Father's Occupation Shoe Maker  
10. Father's Birthplace Pa.  
Name of Medical Attendant, or other Person who makes this Return. M. White M.D.  
Address 10341 N. Broadway  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35942

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 22 December
4. Place of Birth, (Street and Number) 17 E. Baltimore
5. Full Name of Mother Margdalena Rink
6. Mother's Maiden Name Hillmer
7. Mother's Birthplace Germany
8. Full Name of Father Emil Rink
9. Father's Occupation Clothing Cutter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. The Para Gasser
- Address 52 E. Lombard
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

25943

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



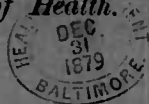
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 22 December
4. Place of Birth, (Street and Number) 29 Lombard
5. Full Name of Mother Maria Alice
6. Mother's Maiden Name Taylor
7. Mother's Birthplace N. D.
8. Full Name of Father Edward Alice
9. Father's Occupation Workingman
10. Father's Birthplace N. D.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Harper
- Address 22 Lombard
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

33944

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 22<sup>nd</sup> 1874
4. Place of Birth, (Street and Number) 126 Ashcroft St
5. Full Name of Mother Hattie B. Hughes
6. Mother's Maiden Name Deamer
7. Mother's Birthplace Fredrick Co Md
8. Full Name of Father Mendel O. Hughes
9. Father's Occupation Grocer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. H. H. H. H.
- Address 76 St. Paul St
- Remarks \_\_\_\_\_

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35945

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

December 22nd 1879

4. Place of Birth (Street and Number)

No 242 S. Caroline st

5. Full Name of Mother

Mary Röhner

6. Mother's Maiden Name

Mary Garhold

7. Mother's Birthplace

Germany

8. Full Name of Father

Christian Röhner

9. Father's Occupation

Yailer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

J. Ridgway Andrews

Address

No 121 E. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Dec 22, 1879

4. Place of Birth (Street and Number)

No 2 Woodyear st

5. Full Name of Mother

Mrs Carter

6. Mother's Maiden Name

annie mitchel

7. Mother's Birthplace

acomac va

8. Full Name of Father

Geo. Carter

9. Father's Occupation

Laborer

10. Father's Birthplace

acomac va

Name of Medical Attendant, or other Person who makes this Return.

Chollet Doctor

Address

No 10 Carlton st

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth December 22 1879

4. Place of Birth, (Street and Number) 17 off Cemetery Lane

5. Full Name of Mother Babele Schneider

6. Mother's Maiden Name Babele Scherer

7. Mother's Birthplace German

8. Full Name of Father Leonard Schneider

9. Father's Occupation Stone cutter

10. Father's Birthplace German

Name of Medical Attendant, or other Person who makes this return. Maria R. Rudiger

Address 134 N Bond St.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35948

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 22<sup>nd</sup> 1879.*
4. Place of Birth (Street and Number) *N. E. Cor. Lawrence & Arlington Ave.*
5. Full Name of Mother *Annie Lewis Sellers.*
6. Mother's Maiden Name *Annie Lewis*
7. Mother's Birthplace *Springton N.Y.*
8. Full Name of Father *Matthew Bacon Sellers*
9. Father's Occupation *Butcherman*
10. Father's Birthplace *Kentucky*
- Name of Medical Attendant, or other Person who makes this Return. *A. R. St. John, M.D.*
- Address *71 Franklin St.*
- Remarks *This is the greatest specimen of illegitimate I ever gotten up.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25949

HEALTH DEPARTMENT  
DEC 31  
1879  
BALTIMORE

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 22<sup>nd</sup> 1879
4. Place of Birth (Street and Number) No. 8 N Bond St
5. Full Name of Mother Annie Ramsey Galtton
6. Mother's Maiden Name Grove
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Galtton
9. Father's Occupation Cannemaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr H Siffon du Pless
- Address 1 High St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

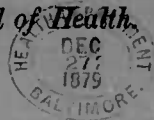
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *22 of December 1874.*  
4. Place of Birth (Street and Number) *No. 594 N. Pratt Street.*  
5. Full Name of Mother *Mary Rich.*  
6. Mother's Maiden Name *Mary Rich.*  
7. Mother's Birthplace *Baltimore.*  
8. Full Name of Father *George Rich.*  
9. Father's Occupation *Barber*  
10. Father's Birthplace *Baltimore.*  
Name of Medical Attendant, or other Person who makes this Return. *Miss Anne Lindner*  
Address *No. 45 S. Monroe Street.*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *22 December*

4. Place of Birth (Street and Number) *27 Aliceanna St*

5. Full Name of Mother *Lizabith Miller*

6. Mother's Maiden Name *Lizabith Krantz*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Henry Miller*

9. Father's Occupation *grocery*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Richard Ann Garrett*

Address *65 Lusk St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35962

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 22<sup>nd</sup> 1879*

4. Place of Birth (Street and Number) *29 Clinton Avenue*

5. Full Name of Mother *Charlie Ann Hartell*

6. Mother's Maiden Name *Charlie Ann Dennis*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *David Hartell, Jr.*

9. Father's Occupation *Wagon & Livery Stable Keeper*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Moana Goodman*

Address *323 Myrtle Avenue*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

December 22<sup>nd</sup> 1879

4. Place of Birth (Street and Number)

173 N. Paca St.

5. Full Name of Mother

Mary Marcellina Lally.

6. Mother's Maiden Name

Byrne.

7. Mother's Birthplace

Balto. City - Md.

8. Full Name of Father

James Edward Lally

9. Father's Occupation

Wagon - Builder

10. Father's Birthplace

Balto. City - Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Wright M.D.

Address

No. 112 N. Greene St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



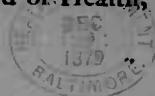
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st son born Dec 22.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *22. of December 1879*
4. Place of Birth (Street and Number) *Baltimore No 3*
5. Full Name of Mother *Julia Handy*
6. Mother's Maiden Name *Julia Queen*
7. Mother's Birthplace *Fredrick Co. Md.*
8. Full Name of Father *Emory Robert Handy*
9. Father's Occupation *Whiter*
10. Father's Birthplace *Commerce Co Eastern Shore Md.*
- Name of Medical Attendant, or other Person who make this Return. *Wm. Cornish*
- Address *No 16 Jordan Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35955-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth December 22
4. Place of Birth (Street and Number) Baltimore 113 Ridgely
5. Full Name of Mother Laura Deemes
6. Mother's Maiden Name Laura Lacey
7. Mother's Birthplace Baltimore
8. Full Name of Father John Deemes
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Miss M. Sheffer
- Address 114 Ridgely
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *December 22<sup>d</sup> 1879*
4. Place of Birth (Street and Number) *Johnson Street 11<sup>th</sup> 14*
5. Full Name of Mother *Mary Brown*
6. Mother's Maiden Name *Mary Schmidt*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Theodor Brown*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Dorothea Brown*
- Address *N<sup>o</sup> 114 Battery St.*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 34957

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

22<sup>nd</sup> of December

4. Place of Birth, (Street and Number)

37 N. Liberty St

5. Full Name of Mother

Mary E. Wamback

6. Mother's Maiden Name

Mary Edgworth Henley

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Lewis Emil Wamback

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Hunter

Address

21 N. Payson St

Remarks

NOT TO BE FILLED IN BY THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*White*  
*Dec 22<sup>nd</sup> 1879*

*58 King St.*

*Griffin*

*Ireland*  
*Jas Griffin*

*Ireland*  
*Edw. J. Nicholls*  
*279. W. Lombard*

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35959

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

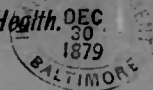


No. of Child of Mother (state whether 1st, 2d, 3d, &c) *First*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Dec 22<sup>nd</sup>*  
4. Place of Birth (Street and Number) *No 395 D. Hill Av.*  
5. Full Name of Mother *Lusie Ellis*  
6. Mother's Maiden Name *Bennett*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Herman Ellis*  
9. Father's Occupation *Merchant*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Reppin Backoff*  
Address *135 N Charles St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of every child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Belord*
3. Date of Birth *December 29 1879*
4. Place of Birth (Street and Number) *No 51 King Street*
5. Full Name of Mother *Martha Roberts*
6. Mother's Maiden Name *Martha Roberts*
7. Mother's Birthplace *Baltimore Md City*
8. Full Name of Father *George Armstrong*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Kent Lean*
- Name of Medical Attendant, or other Person who makes this Return. *Ellen Shunk's*
- Address *42 Sharp Street Alley*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Brown complexion*

3. Date of Birth *December 23<sup>rd</sup> 1874*

4. Place of Birth (Street and Number) *38 Saratoga St*

5. Full Name of Mother *Ella Pratt*

6. Mother's Maiden Name *" Jones*

7. Mother's Birthplace *Hagerstown Md*

8. Full Name of Father *John Pratt*

9. Father's Occupation *Restaurant*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Amos Johnson*

Address *6 Hamilton St*

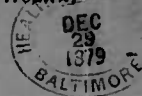
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35962

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W

3. Date of Birth

Dec 23rd

4. Place of Birth (Street and Number)

749 Madison Av

5. Full Name of Mother

Mary Mawitt  
Grim

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Geoff M Mawitt

9. Father's Occupation

Wholesale cigar manufacturer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

R. Winslow M.D

Address

201 N. Resello St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks



8th  
Female  
White  
23rd Dec 1879.  
Bon Orleans & Spruill St.  
G. Bishop  
C. Hogadel  
Baltimore City  
George Bishop  
Milkman  
Baltimore City  
Mary Miller  
125 N. Charles St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec. 23<sup>rd</sup> 1879  
4. Place of Birth (Street and Number) Baltimore Holland St. No. 103  
5. Full Name of Mother Margret. ~~Reid~~  
6. Mother's Maiden Name Corwen  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Frank. ~~Reid~~  
9. Father's Occupation Police  
10. Father's Birthplace Ireland  
Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Whitwell  
Address N. 1418 Ramsey St.  
Remarks.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 23<sup>rd</sup> 1879
4. Place of Birth, (Street and Number) 466 Lexington St.
5. Full Name of Mother Christina Linn
6. Mother's Maiden Name Schmidt
7. Mother's Birthplace Germany
8. Full Name of Father Leonhard Linn
9. Father's Occupation Merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Thos Quimler & Co. Doctor
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33966

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

female

White

Dec 23 '78

Sumner Street 39

Maggie L. Long

R. L. L. L. L. L.

Baltimore Md

Joseph L. Long

Plumber

Baltimore Md

Wm. R. Miller

48 Holland St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35067

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 23 1879
4. Place of Birth (Street and Number) 438 Forest St.
5. Full Name of Mother Sally Thomas
6. Mother's Maiden Name Sally Cole
7. Mother's Birthplace Horton H. Virginia
8. Full Name of Father James Thomas
9. Father's Occupation Car Engineer
10. Father's Birthplace Richmond Virginia
- Name of Medical Attendant, or other Person who makes this Return. J. C. Hughes
- Address 24 Mayfield St.
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 23, 1879
4. Place of Birth (Street and Number) 185 Townsend St
5. Full Name of Mother Susan Parlett
6. Mother's Maiden Name Susan Evans
7. Mother's Birthplace Baltimore
8. Full Name of Father Dr. J. Parlett
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. McClellan
- Address 121 N. Howard St
- Remarks

That any physician, secouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3rd  
Male  
White  
Dec 23rd  
149 Cross St  
Hedra Hill  
" Adams  
D. O'Brien - Co  
Edward A. Hill  
Steamfitter  
K. J. Co  
J. O'Brien  
149 Cross St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex (state whether male or female) Female
- Race or Color (if not of the white race) White
- Date of Birth December 23 1879
- Place of Birth (Street and Number) 112 Barton St
- Full Name of Mother Margaret Gause
- Mother's Maiden Name Margaret Oakland
- Mother's Birthplace Baltimore Md
- Full Name of Father William Gause
- Father's Occupation Iron moulder
- Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Mearns
- Address 2121 Penna ave
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33971

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
- Sex (state whether male or female) *male*
- Race or Color (if not of the white race) *white*
- Date of Birth *December 23 1877*
- Place of Birth (Street and Number) *49 Biddle st*
- Full Name of Mother *Louisa Brille*
- Mother's Maiden Name *Louisa Mc Carthy*
- Mother's Birthplace *Baltimore Md*
- Full Name of Father *John Mc Carthy*
- Father's Occupation *laborer*
- Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Agnes Messingall*
- Address *162 Penna st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 23<sup>rd</sup> 1879*
4. Place of Birth (Street and Number) *# 360<sup>th</sup> Broadway*
5. Full Name of Mother *Mary Schroeder*
6. Mother's Maiden Name *Mary Kost*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Henry Schroeder*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Hena Willigeist*
- Address *# 18 E. Monument St*
- Remarks



For Record of Child Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35973

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 23d 1879

4. Place of Birth (Street and Number)

161 Preston St

5. Full Name of Mother

Catharine Dennis

6. Mother's Maiden Name

Mary

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Peter John Dennis

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elias C. Price M.D.

Address

262 Meadison Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> female

1. Sex (state whether Male or Female)

Coloured

2. Race or Color (if not of the white race)

23 Dec. 1888

3. Date of Birth

4. Place of Birth (Street and Number)

Baron Alley No 13

5. Full Name of Mother

Messanna Linscom

6. Mother's Maiden Name

Single

7. Mother's Birthplace

Dorchester Co Md

8. Full Name of Father

Clinton Thomas

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Emaline Platte

Address

No 13 Baron Alley

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 23rd 1880

4. Place of Birth, (Street and Number) 100 Fremont St

5. Full Name of Mother Harriet A. Giles

6. Mother's Maiden Name " " Griffith

7. Mother's Birthplace Baltimore

8. Full Name of Father John Giles

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Dr. Henry S. Richmond

Address 133 Dec St

Remarks

RECORD OF BIRTHS IN THE CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



35976

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th Child.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Tuesday, Dec 23rd 1879*

4. Place of Birth (Street and Number) *22 Willow St.*

5. Full Name of Mother *Alice Lyons Hemmally*

6. Mother's Maiden Name *Alice Lyons*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *John Hemmally*

9. Father's Occupation *Boiler Maker.*

10. Father's Birthplace *Ireland.*

Name of Medical Attendant, or other Person who makes this Return. *Wm. B. Bristow M.D.*

Address *25 1/2 Frederick St.*

Remarks *Per Ex Presentation*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*  
 1. Sex (state whether Male or Female) *Boy.*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Tuesday Dec. 23rd. 1879.*  
 4. Place of Birth (Street and Number) *# E. Biddle St*  
 5. Full Name of Mother *Amie E. Smrad*  
 6. Mother's Maiden Name *Amie E. Ayker*  
 7. Mother's Birthplace *Indianapolis, Ind.*  
 8. Full Name of Father *Samuel D. Smrad,*  
 9. Father's Occupation *Painter.*  
 10. Father's Birthplace *Bath, New York.*  
 Name of Medical Attendant, or other Person who makes this Return. *William B. Smith, M.D.*  
 Address *25 1/2 Greenmount Ave*  
 Remarks *Vertex Presentation*

The any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or -vice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,



To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 23 1879
4. Place of Birth, (Street and Number) 126 South Bond st
5. Full Name of Mother Elizabeth a Thomas
6. Mother's Maiden Name Elizabeth a Hall
7. Mother's Birthplace Annapolis County
8. Full Name of Father William Thomas
9. Father's Occupation Rolling mill
10. Father's Birthplace Annapolis County
- Name of Medical Attendant, or other Person who makes this Return. James Conner
- Address 153 Collington av
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



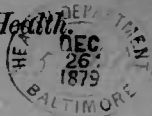
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth December 23rd 1879.
4. Place of Birth (Street and Number) 214 Furman St.
5. Full Name of Mother Juliana Giss.
6. Mother's Maiden Name Katara Brunschweiler.
7. Mother's Birthplace America.
8. Full Name of Father Peter Giss.
9. Father's Occupation Sailor.
10. Father's Birthplace America.
- Name of Medical Attendant, or other Person who makes this Return. W. H. Sumner.
- Address No. 137 N. St.
- Remarks H

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

33780

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
- Sex (state whether male or female) Male
- Race or Color (if not of the white race) White
- Date of Birth December 23<sup>rd</sup> 1879
- Place of Birth (Street and Number) 152<sup>nd</sup> Broadway
- Full Name of Mother Agie Kinney
- Mother's Maiden Name Alice Hall
- Mother's Birthplace America
- Full Name of Father John Kinney
- Father's Occupation Sailor
- Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Lund
- Address No. 135 North St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3rd

Female

White

December 2nd 1879

131 Conroy St.

Margaretta Watson

Margaretta Johnson

Virginia

Joseph B. Watson

Stevenson

Virginia

Wendell Cook M.D.

146 Hancock St

**REG. RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 23 1879*  
 4. Place of Birth (Street and Number) *3 Mulliman St*  
 5. Full Name of Mother *Euphemia Almira M Taylor*  
 6. Mother's Maiden Name *Euphemia Almira Myers*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Henry Snyder Taylor*  
 9. Father's Occupation *Machinist*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return *Mrs Amanda Marine*  
 Address *378 E Monument St*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

25983

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourteenth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Decemb. 23 1879

4. Place of Birth (Street and Number)

366 William St.

5. Full Name of Mother

Wilhelmine Roemer

6. Mother's Maiden Name

Wilhelmine Kengler

7. Mother's Birthplace

Germany

8. Full Name of Father

Lawrence Roemer

9. Father's Occupation

Labourer.

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Jos. H. Smith

Address

108 S. T. Sharp St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35984

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex (state whether Male or Female) *male*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *23 Dec, 1879*  
4. Place of Birth (Street and Number) *131 William street*  
5. Full Name of Mother  *Hannah Seal*  
6. Mother's Maiden Name *Hannah Godwin*  
7. Mother's Birthplace *Baltimore M.d.*  
8. Full Name of Father *Francis A Seal*  
9. Father's Occupation *blacksmith*  
10. Father's Birthplace *Baltimore M.d.*  
Name of Medical Attendant, or other Person who makes this Return. *C. C. Richardson M.D.*  
Address *North west Cor. Lombard & Fremont Sts.*  
Remarks *a fine healthy boy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38983

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Dec 23rd 1879
4. Place of Birth, (Street and Number) No 93 Fort St.
5. Full Name of Mother Elizabeth Feltner
6. Mother's Maiden Name Hahn
7. Mother's Birthplace Germany
8. Full Name of Father Friedrich Feltner
9. Father's Occupation Storekeeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Schmeissner midwife
- Address 870 Hanover St.
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

color

3. Date of Birth

1

4. Place of Birth (Street and Number)

Blackholm St. 20

5. Full Name of Mother

Lucy Courish

6. Mother's Maiden Name

Lucy Chester

7. Mother's Birthplace

Cambridge Dorchester County, Md

8. Full Name of Father

Moses Courish

9. Father's Occupation

laborer

10. Father's Birthplace

Cambridge Dorchester County, Md

Name of Medical Attendant, or other Person who makes this return

Darrah Wilson

Address

252 Hughes St

Remarks

44

White

girl

Dec 23d 1879

#339 Eastern Ave

M. G. Ritzius

Mr H. Gallaway

Balto

Chas Ritzius

Trimmer

Balto

Mrs Mary E Ritzius

#171 P Washington St.



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colored Race*  
 3. Date of Birth *Dec 29 1879*  
 4. Place of Birth (Street and Number) *112 S. Bethel St*  
 5. Full Name of Mother *Caroline Jones*  
 6. Mother's Maiden Name *Caroline Harris*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Samuel Jones*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. Louis Rea*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_



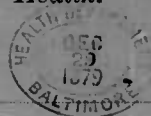
For Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December the 23, 1879.*

4. Place of Birth (Street and Number) *E. Lombard St. No 319.*

5. Full Name of Mother *Clara Leimbach*

6. Mother's Maiden Name *Clara Balp.*

7. Mother's Birthplace *Storden, Pr. Rhinissen, Germany*

8. Full Name of Father *Henry S. Leimbach*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*

Address *N. Dallas St. No 226.*

Remarks

Full Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3d

Female

White

23 Dec

51 Portwood Ave

Anna Tallman

Anna Foxing

Kühlhausen (Prussia)

William Tallman

Porter

Potsdam (Prussia)

Rev. Schleifer

Mrs Schleifer

33 South Howard St

*recd Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



35991

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *23rd Dec*

4. Place of Birth (Street and Number) *205 Madison St*

5. Full Name of Mother *Louisa J Reimer*

6. Mother's Maiden Name *Louisa J Taylor*

7. Mother's Birthplace *Balt. City*

8. Full Name of Father *John T Reimer*

9. Father's Occupation *Fisherman*

10. Father's Birthplace *Harford Co Md*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 23 Dec 1879.
4. Place of Birth, (Street and Number) 295 W. Pratt st
5. Full Name of Mother Charlotte Gakenheimer
6. Mother's Maiden Name Henke
7. Mother's Birthplace Wuerttemberg Germany
8. Full Name of Father Christian Gakenheimer
9. Father's Occupation Painter
10. Father's Birthplace Wuerttemberg Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 328 South E. St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

W

3. Date of Birth

Decemr 23 1877

4. Place of Birth (Street and Number)

Bel Air Avenue

5. Full Name of Mother

Jessie Lutz

6. Mother's Maiden Name

Jessie Lucan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Albert Lutz

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. H. Patterson M.D.

Address

23 Franklin St.

Remarks

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38994

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 24<sup>th</sup> 1879

4. Place of Birth, (Street and Number) 6 Baltimore Ave near Market

5. Full Name of Mother Katie E. Quinn

6. Mother's Maiden Name Hayes

7. Mother's Birthplace Balt. City

8. Full Name of Father John Quinn

9. Father's Occupation Seaman

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. McChristian M.D.

Address 421 Penn. Ave.

Remarks \_\_\_\_\_

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 24 December
4. Place of Birth, (Street and Number) 214 Carolina
5. Full Name of Mother Elizabeth Osterling
6. Mother's Maiden Name Miller
7. Mother's Birthplace Germany
8. Full Name of Father Fred Osterling
9. Father's Occupation Grocery Buyer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Mrs Para Harper
- Address 52 E Lombard
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth December 24<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 170 S Bethel
5. Full Name of Mother Anna Manzer
6. Mother's Maiden Name Thies
7. Mother's Birthplace City
8. Full Name of Father Phillips Manzer
9. Father's Occupation Driver
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks \_\_\_\_\_



recd. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec 24, 1879*  
 4. Place of Birth (Street and Number) *709 W. 9th St.*  
 5. Full Name of Mother *Mary Kuhn*  
 6. Mother's Maiden Name *Mary Peruchotok*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Simon Kuhn*  
 9. Father's Occupation *machanist*  
 10. Father's Birthplace *U. S.*  
 Name of Medical Attendant, or other Person who makes this Return. *Abraham A. Arnold M.D.*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec 24 - 1879

4. Place of Birth, (Street and Number)

No 758 Hanover St

5. Full Name of Mother

Matilda Heinse

6. Mother's Maiden Name

Palmer

7. Mother's Birthplace

America

8. Full Name of Father

John Heinse

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Thompson midwife

Address

320 Hanover St.

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35999

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *female.*
2. Race or Color (if not of the white race)
3. Date of Birth *24 of December*
4. Place of Birth (Street and Number) *77 Clark St.*
5. Full Name of Mother *Emma Henry*
6. Mother's Maiden Name *E. Spencer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Henry*
9. Father's Occupation *Caulker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mary J. Mayne*
- Address *57 Lexington Ave*
- Remarks *all L. & M.*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36000

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *924*
1. Sex (state whether male or female) *male*
  2. Race or Color (if not of the white race) *white*
  3. Date of Birth *December 2nd 1879*
  4. Place of Birth (Street and Number) *496 Pennsylvania St*
  5. Full Name of Mother *Catherin Schulte*
  6. Mother's Maiden Name *Catherin Schladt*
  7. Mother's Birthplace *Germany*
  8. Full Name of Father *Frank Schulte*
  9. Father's Occupation *Barkeeper*
  10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Emma Kestner*
- Address *164 Pennsylvania*
- Remarks

Extract Regulations of the City of Baltimore.  
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child of Mother*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White Race*
3. Date of Birth *Born 25<sup>th</sup> of December 1872*
4. Place of Birth (Street and Number) *Born in Baltimore Co. England*
5. Full Name of Mother *Maggie Schmus*
6. Mother's Maiden Name *Maggie Pinta*
7. Mother's Birthplace *Born in City of Baltimore*
8. Full Name of Father *Bernhard L. Schmus*
9. Father's Occupation *Schsmith*
10. Father's Birthplace *Born in City Baltimore*
- Name of Medical Assistant, or other Person who makes this Return. *Ralph March*
- Address *108 Eden Hall Court*
- Remarks

**Extract Regulations of the Board of Health of Baltimore.**  
**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



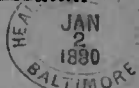
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Male.*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *23<sup>rd</sup> of December.*  
 4. Place of Birth (Street and Number) *Mount Royal ave.*  
 5. Full Name of Mother *Mrs. Kissner.*  
 6. Mother's Maiden Name *Marie Tonemaker*  
 7. Mother's Birthplace *Pennsylvania.*  
 8. Full Name of Father *William H. Kissner*  
 9. Father's Occupation *Conductor*  
 10. Father's Birthplace *Pennsylvania.*  
 Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby*  
 Address *369 Cathedral St.*  
 Remarks

Extract Regulations of the Board of Health to be filled out by the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



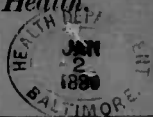
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 25th 1899
4. Place of Birth (Street and Number) 300 Lancaster St
5. Full Name of Mother Margaret M Cunningham
6. Mother's Maiden Name Green
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father James M Cunningham
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams M.D.
- Address 17 Rutland St
- Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Second.*
1. Sex (state whether male or female) ~~Male~~ *Female child.*
  2. Race or Color, (if not of the white race) *Black.*
  3. Date of Birth *25 7 December 1879.*
  4. Place of Birth, (Street and Number) *108 Raborg Street.*
  5. Full Name of Mother *Maggie Johnson*
  6. Mother's Maiden Name *Maggie Shields.*
  7. Mother's Birthplace *Hampton Virginia.*
  8. Full Name of Father *Washington Johnson*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Hampton Co-Virginia.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary E. Wallace, 113 Raborg St.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36007

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
December 25th 1897  
100 Broadway St.  
Emma J. Lester  
Mary  
City  
Wm. W. Lester  
Gent. Labourer  
City  
Emma J. Lester  
332 1/2 St.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



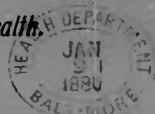
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether male or female). *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Dec. 25th*  
4. Place of Birth (Street and Number) *Mt. Vernon 1637 Lombard St.*  
5. Full Name of Mother *Ella Lewis*  
6. Mother's Maiden Name  
7. Mother's Birthplace *Kentland*  
8. Full Name of Father *unknown*  
9. Father's Occupation *unknown*  
10. Father's Birthplace *unknown*  
Name of Medical Attendant, or other Person who makes this Return. *J. B. Branch*  
Address *1637 Lombard St.*  
Remarks *Mother and child are doing well*

Extract Regulations of the Board of Health of Baltimore.  
**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 25 1879* *12<sup>00</sup> Midnight*
4. Place of Birth (Street and Number) *223 S Ann St*
5. Full Name of Mother *Jane Ellen Wright*
6. Mother's Maiden Name *Jane Ellen Crenshaw*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Charles Edward De Witt Wright*
9. Father's Occupation *Musician*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *James E. Drinnelle M.D.*
- Address *299 E Balto St.*
- Remarks

Extract Regulations of the Board of Health to be used in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36010

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



*Benson Blake, Jr.*  
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third.*  
1. Sex (state whether Male or Female) *Male.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *December 25<sup>th</sup> 1879.*  
4. Place of Birth (Street and Number) *798 Madison Avenue.*  
5. Full Name of Mother *Cennie Taylor Blake.*  
6. Mother's Maiden Name *Cennie Taylor Kyle.*  
7. Mother's Birthplace *Urbana, ~~Ill.~~ Ohio.*  
8. Full Name of Father *Benson Blake.*  
9. Father's Occupation *Merchant.*  
10. Father's Birthplace *Near Prince Frederick Calvert Co Md.*  
Name of Medical Attendant, or other Person who makes this Return.  
Address **GIVEN NAME ADDED** *6-23-53 Post and Md. A. B. Ch. L. S. G. St. St.*  
Remarks *L.M.*

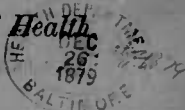
*Head Presentation 1st Labor Five hours.*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. *December*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether male or female) *Female.*
  2. Race or Color (if not of the white race) *White.*
  3. Date of Birth *December 25<sup>th</sup> 1879.*
  4. Place of Birth (Street and Number) *55 E Lombard St.*
  5. Full Name of Mother *Louisa Schmidt.*
  6. Mother's Maiden Name *Louisa Schmidt.*
  7. Mother's Birthplace *America.*
  8. Full Name of Father *Philip Helbig.*
  9. Father's Occupation *Habbit maker.*
  10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. Amend.*
- Address *No. 137 W. 1<sup>st</sup> St.*
- Remarks *11*

Extract Registrations of the Board of Health of Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



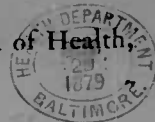
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth December 23<sup>rd</sup> 1899
4. Place of Birth (Street and Number) No 7 Whitcomb street
5. Full Name of Mother Katie Kline
6. Mother's Maiden Name Katie Alt
7. Mother's Birthplace Brunsen
8. Full Name of Father John Kline
9. Father's Occupation Lathe
10. Father's Birthplace Brunsen
- Name of Medical Attendant, or other Person who makes this Return. E. Kline
- Address 470 Penna Avenue
- Remarks

Extract Regulations of the Board of Health of Baltimore, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *December 15*
- Sex (state whether Male or Female) *male*
  - Race or Color (if not of the white race) *caucasoid*
  - Date of Birth *de 25*
  - Place of Birth (Street and Number) *Orleans St 262*
  - Full Name of Mother *Sarah Miller*
  - Mother's Maiden Name *Sarah Rose*
  - Mother's Birthplace *in Maryland*
  - Full Name of Father *Wergemeyer Daniel Rose*
  - Father's Occupation *laborer*
  - Father's Birthplace *Wergemeyer*
- Name of Medical Attendant, or other Person who makes this return *Annexet to glasses*
- Address
- Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
Dec 28th -  
No 59 E Eager -  
Sarah Ella Shy -  
Wagon  
" " Balt -  
Henry Howard Smith -  
Telegraph Operator -  
Balt -  
Wm Whitledge M D.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 25 Dec
4. Place of Birth, (Street and Number) 33 Street st
5. Full Name of Mother Lina Salmon
6. Mother's Maiden Name " Hayes
7. Mother's Birthplace Baltimore
8. Full Name of Father Jos. Salmon
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 328 South Emden Jr
- Remarks \_\_\_\_\_

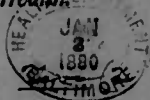
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

36016  
36016 1/2



2

One (1)

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Dec. 25. '79  
 4. Place of Birth (Street and Number) 106 Boston St.  
 5. Full Name of Mother Chara Belle Ballantyne  
 6. Mother's Maiden Name " " Penders.  
 7. Mother's Birthplace Va.  
 8. Full Name of Father Alexander Ballantyne  
 9. Father's Occupation Cyke-man  
 10. Father's Birthplace Balto.  
 Name of Medical Attendant, or other Person who makes this Return B. Leonard M.D.  
 Address 26 S. Broadway  
Balto.  
 Remarks

5th  
 Male 36016 1/2  
 Black  
Dec. 28. '79  
15 S. Register.  
Cassie Lee  
Unknown  
Balto.  
Antonie Lee  
Shucker.  
Saint to Portuguese.  
B. Leonard M.D.  
26 S. Broadway  
Balto.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physician or condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36017

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



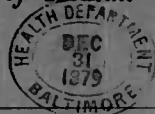
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) Colored  
 3. Date of Birth Dec 26<sup>th</sup> 1879  
 4. Place of Birth, (Street and Number) No 11 North Central Av.  
 5. Full Name of Mother A. M. Emerson.  
 6. Mother's Maiden Name A. M. Johnson.  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Owen M. Emerson  
 9. Father's Occupation Baltimore  
 10. Father's Birthplace Mary Weller.  
 Name of Medical Attendant, or other Person who makes this return. John  
 Address 125 N. Caroline  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth 26<sup>th</sup> Dec/1879.  
 4. Place of Birth, (Street and Number) 112. 148. 1<sup>st</sup> St. N.  
 5. Full Name of Mother Ada Smith  
 6. Mother's Maiden Name Ada McCaffrey  
 7. Mother's Birthplace John Smith  
 8. Full Name of Father Baltimore  
 9. Father's Occupation Minister  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this return. Mary Wade  
 Address 25 Marlboro St  
 Remarks Baltimore

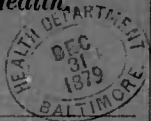
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36019

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 26 December
4. Place of Birth, (Street and Number) 26 Carolina St
5. Full Name of Mother Katharina Kaiser
6. Mother's Maiden Name Miller
7. Mother's Birthplace M. P.
8. Full Name of Father John Kaiser
9. Father's Occupation Worshipman
10. Father's Birthplace M. P.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Dora Casper
- Address 52 W. Lombard
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY. December 26<sup>th</sup> 1879.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 26<sup>th</sup> 1879

4. Place of Birth (Street and Number) 5 Cadogan St.

5. Full Name of Mother Lizzie Stansbury

6. Mother's Maiden Name Lizzie Chert

7. Mother's Birthplace Germany

8. Full Name of Father Edward Stansbury

9. Father's Occupation Carpenter

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Seward

Address No 137 N. Ave. St.

Remarks C

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36021

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 26th 1879

4. Place of Birth, (Street and Number)

233 Canton Ave

5. Full Name of Mother

Saphia Seidler

6. Mother's Maiden Name

Phide

7. Mother's Birthplace

Germany

8. Full Name of Father

Mr Seidler

9. Father's Occupation

Teacher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr Elizabeth Betz

Address

245 Canton Ave

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36022

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 26. of December.
4. Place of Birth, (Street and Number) White Alley No 17.
5. Full Name of Mother Leydia Bennett.
6. Mother's Maiden Name Leydia Rodemeyer.
7. Mother's Birthplace Baltimore
8. Full Name of Father George Bennett.
9. Father's Occupation Driving Coal Cart.
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. None
- Address None
- Remarks See Certificate



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36023

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



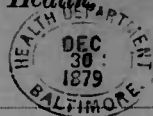
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Dec 26<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 1 King St
5. Full Name of Mother Lina Barnes
6. Mother's Maiden Name Lina Barnes
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Barnes
9. Father's Occupation Driver
10. Father's Birthplace Wilmington
- Name of Medical Attendant, or other Person who makes this return. Dr. Barnes
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 2d*  
 1. Sex (state whether male or female) *female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *the 26th of December*  
 4. Place of Birth (Street and Number) *No 234 E. St. No. 1*  
 5. Full Name of Mother *May. Beaver*  
 6. Mother's Maiden Name *May. Meyer*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Henry. Meyer*  
 9. Father's Occupation *labor*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Cristina Gauer*  
 Address *173 Harpering*  
 Remarks *1819*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 26th 1879*
4. Place of Birth (Street and Number) *437 N Central Ave.*
5. Full Name of Mother *Fallie J. Watson*
6. Mother's Maiden Name *Fallie J. Thompson*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Arthur G. Watson*
9. Father's Occupation *Physician*
10. Father's Birthplace *Accomac Co. Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. Whitridge*
- Address *P.E. Cor. Charles & Read Sts.*
- Remarks

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36026

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth 26 December 1879  
 4. Place of Birth, (Street and Number) 456 East Lombard  
 5. Full Name of Mother Emily Jones  
 6. Mother's Maiden Name Emily Parr  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father James S P Jones  
 9. Father's Occupation Articler  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. Gertrude M. Garvine  
 Address 378 East Monument St  
 Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

female Male  
colored

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 26/79

4. Place of Birth (Street and Number)

No 4 Proth st

5. Full Name of Mother

Eliza barlow

6. Mother's Maiden Name

E Wilson

7. Mother's Birthplace

Balto Mo

8. Full Name of Father

Beverly barlow

9. Father's Occupation

Laborer

10. Father's Birthplace

Petersburg Va

Name of Medical Attendant, or other Person who makes this Return.

Chollis Proctor

Address

No 10 Carlton st

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36028

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 26 1879
4. Place of Birth (Street and Number) No. 14 Bolton Alley
5. Full Name of Mother Mary Lynch
6. Mother's Maiden Name Mary Conidine
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Lynch
9. Father's Occupation Labor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E. Schmitt
- Address No. 179 Penn Avenue
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36029

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children one mother
1. Sex (state whether male or female) one male one female
2. Race or Color (if not of the white race) Colored race
3. Date of Birth Decem<sup>r</sup> for the 26 18 99
4. Place of Birth (Street and Number) Guest St 121 Baltimore md
5. Full Name of Mother Hessler Tilmor
6. Mother's Maiden Name Hessler Keyes
7. Mother's Birthplace Baltimore md
8. Full Name of Father Bruchard Tilmor
9. Father's Occupation Brick maker
10. Father's Birthplace Talbot County md
- Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford
- Address 130 Wm Eggesstreet Baltimore md
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

36030

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *December the 26<sup>th</sup> 1878*
4. Place of Birth (Street and Number) *221 Durham St Baltimore Md*
5. Full Name of Mother *Mary Brown*
6. Mother's Maiden Name *Mary Hopkins*
7. Mother's Birthplace *Dorchester Co Md*
8. Full Name of Father *William Brown*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Fredrick County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woodford*
- Address *130 Register St Baltimore Md*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 26. 1879*
4. Place of Birth (Street and Number) *# 267 E. Cager St.*
5. Full Name of Mother *Mary Barbara Ungel*
6. Mother's Maiden Name *Hornig*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Bernard N. Ungel*
9. Father's Occupation *Baker*
10. Father's Birthplace *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. A. Nashman M.D.*
- Address *# 305 N. Caroline St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored* *Eace*
3. Date of Birth *Dec. the 26. 1879*
4. Place of Birth (Street and Number) *63. Short St Baltimore md*
5. Full Name of Mother *Mary m. J. Smule*
6. Mother's Maiden Name *Mary m. J. Elee*
7. Mother's Birthplace *Baltimore County md*
8. Full Name of Father *J. J. Smule*
9. Father's Occupation *farmer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woolford*
- Address *130 register St Baltimore md*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36033

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 14 26 1879*

4. Place of Birth (Street and Number) *10 Green Willow St*

5. Full Name of Mother *Frances Murray*

6. Mother's Maiden Name *Frances Wallace*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Michael Murray*

9. Father's Occupation *Coach Painter*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Musenicht*

Address *164 Prince an*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

360.34

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *Cotard Race*
3. Date of Birth *December the 26/1878*
4. Place of Birth (Street and Number) *216 Lusham St Baltimore md*
5. Full Name of Mother *Sarah Elisabeth Wright*
6. Mother's Maiden Name *Sarah Elisabeth Townsend*
7. Mother's Birthplace *Long island New York*
8. Full Name of Father *William Henry Wright*
9. Father's Occupation *hodcarrier*
10. Father's Birthplace *State of Delaware*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woodforde*
- Address *130 north regesser St Baltimore md*
- Remarks

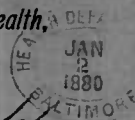
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36035

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first child

1. Sex (state whether Male or Female)

Male child

2. Race or Color (if not of the white race)

white race

3. Date of Birth

Dec 26 1879

4. Place of Birth (Street and Number)

No 47 Penna ave

5. Full Name of Mother

Barbery Bottner Bottger

6. Mother's Maiden Name

Barbery Bottner

7. Mother's Birthplace

oberrinn Reimarian

8. Full Name of Father

George Markinson Bottger

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Maryland Virginia

Name of Medical Attendant, or other Person who makes this Return.

Sommerfeld

Address

38 Penna ave

Remarks

Good

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 26th.

4. Place of Birth (Street and Number) 336 Lexington St.

5. Full Name of Mother Bettie Schick

6. Mother's Maiden Name Bettie Schiff

7. Mother's Birthplace Baltimore

8. Full Name of Father Levi Stein

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Dr. J. J. J. J.

Address No. 2 Cathedral St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36037

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) White

3. Date of Birth December 26

4. Place of Birth (Street and Number) Shayford str

5. Full Name of Mother Caroline Burgin

6. Mother's Maiden Name Carline Mages

7. Mother's Birthplace Baltimore Co

8. Full Name of Father Carsten Burgin

9. Father's Occupation Cabman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M<sup>rs</sup> Jane Bayless

Address N<sup>o</sup> 19 Front Lane

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Friday Decr 26th 1879*  
 4. Place of Birth (Street and Number) *N. Chester St near Reyer*  
 5. Full Name of Mother *Mary E. Delanty*  
 6. Mother's Maiden Name *Sanders.*  
 7. Mother's Birthplace *Bald County*  
 8. Full Name of Father *Wm Delanty*  
 9. Father's Occupation *clerk*  
 10. Father's Birthplace *Bald City*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. Delour*  
 Address *St. E. Co. Bay rd (Caroline St)*  
 Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Boy.

2. Race or Color (if not of the white race)

White

3. Date of Birth

Friday Dec 26th 1879

4. Place of Birth (Street and Number)

# 338 N Eden St.

5. Full Name of Mother

May Bryant Ashton

6. Mother's Maiden Name

Mary Bryant

7. Mother's Birthplace

Harford Co Md

8. Full Name of Father

L E Ashton

9. Father's Occupation

Farmer

10. Father's Birthplace

Harford Co Md

Name of Medical Attendant, or other Person who make this Return.

Wilmer Brinkley M.D.

Address

25 1/2 Greenmount Ave

Remarks Inter Presentation

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 26th 1879*
4. Place of Birth (Street and Number) *#757 Clinton St.*
5. Full Name of Mother *Mr. F. Frank*
6. Mother's Maiden Name *Mary's Friend*
7. Mother's Birthplace *Balto*
8. Full Name of Father *F. W. Frank*
9. Father's Occupation *Laborn*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary O. Sumner*
- Address *#171 C Washington St.*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth December the 26<sup>th</sup>
4. Place of Birth, (Street and Number) No 15 Little Gough Street
5. Full Name of Mother Caroline Hittig
6. Mother's Maiden Name Henry
7. Mother's Birthplace Germany
8. Full Name of Father August Hittig
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 20 Grayby St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH.

360119

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth December 26<sup>th</sup> 1899

4. Place of Birth (Street and Number) Spring St. between 1st & 2nd

5. Full Name of Mother Mary Ellen Johnson

6. Mother's Maiden Name Mary Ellen Johnson

7. Mother's Birthplace Wilmington, D. C.

8. Full Name of Father Benjamin Johnson

9. Father's Occupation Day Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. E. Smith, M. D.

Address 195 N. E. St.

Remarks

# RETURN OF A BIRTH,

36043

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec. 26, 1879

4. Place of Birth, (Street and Number)

95 Agat Pratt

5. Full Name of Mother

Ida S. L. Jefferson

6. Mother's Maiden Name

Burket

7. Mother's Birthplace

Maryland

8. Full Name of Father

Leonidas D. Jefferson

9. Father's Occupation

Baker

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Harry A. Allwell

Address

286 alt Donagh st

Remarks

at the birth of an infant in the City of Baltimore, the registrar aforesaid, within six days thereafter, stating the name of the child, the date of birth, the sex, race or color, the condition, whether still born or not, the full name of the mother, her maiden name, her birthplace, and residence of the parents, and the maiden name of the mother of such child or children.

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

HEALTH DEPARTMENT  
DEC 29 1972  
Baltimore

**VACAN, accoucheur m./f.** (*se*, *o*)  
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Lora Edward Russell

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Elizabeth Hawthorn

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Record of Vital Statistics, Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within a reasonable time thereafter, stating distinctly the date of birth, the sex, race or color of the child or children born, its or their physical condition, whether still born or not, the full name of the father, mother, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

56045

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One - 1st pregnancy  
 1. Sex (state whether male or female) female  
 2. Race or Color, (if not of the white race) white  
 3. Date of Birth Dec. 26th 1879  
 4. Place of Birth, (Street and Number) 431 Carrollington Ave.  
 5. Full Name of Mother Ella Brooks  
 6. John Brooks  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father James Brooks  
 9. Father's Occupation Washer  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this return Mrs. Hunter  
 Address 21 of Carrollington Ave.  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

36046

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

26 Dec

4. Place of Birth, (Street and Number)

373 South Eutaw St

5. Full Name of Mother

Elizabeth Barrett

6. Mother's Maiden Name

Van Mannerberg

7. Mother's Birthplace

Richmond

8. Full Name of Father

John Barrett

9. Father's Occupation

Fish Dealer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mary Kerk

Address

328 South Eutaw St

Remarks

*For Records of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male -

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 27<sup>th</sup> 1879

4. Place of Birth (Street and Number)

No. 81 Penna. Avenue

5. Full Name of Mother

Fannie Schoeneman

6. Mother's Maiden Name

Wurtzberger

7. Mother's Birthplace

Balto. City, Md.

8. Full Name of Father

Jacob Schoeneman

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Saml H. Knight M.D.

Address

112 N. Greene St.

Remarks

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 360119

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 2/22/1879

4. Place of Birth, (Street and Number) President St

5. Full Name of Mother Antonie Beniste

6. Mother's Maiden Name Wise

7. Mother's Birthplace Italia

8. Full Name of Father Jose Beniste

9. Father's Occupation Restaurant

10. Father's Birthplace Italia

Name of Medical Attendant, or other Person who makes this Return. Dr. John Cooper

Address 12 E. Lombard

Remarks \_\_\_\_\_

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36050

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 27 December

4. Place of Birth, (Street and Number) 16 Concord St

5. Full Name of Mother Lucie Gallican

6. Mother's Maiden Name Gallican

7. Mother's Birthplace Ireland

8. Full Name of Father John Gallican

9. Father's Occupation Workman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return. Mrs. Sara Casper

Address 526 Lombard

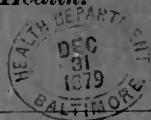
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36051

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 27 December
4. Place of Birth, (Street and Number) 22 Cocker St
5. Full Name of Mother Lizzie Weiner
6. Mother's Maiden Name Matte
7. Mother's Birthplace N D
8. Full Name of Father George Weiner
9. Father's Occupation Barber
10. Father's Birthplace N D
- Name of Medical Attendant, or other Person who makes this return. Mrs Para Casper
- Address 52 E Lombard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31052

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
- Sex (state whether male or female) female
- Race or Color (if not of the white race) Tallie
- Date of Birth M 27 of Dec. 1879
- Place of Birth (Street and Number) No 34 Chesm St
- Full Name of Mother Cella Brown
- Mother's Maiden Name
- Mother's Birthplace Tallie Tenn
- Full Name of Father
- Father's Occupation
- Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Williams
- Address No 70 Chesm St
- Remarks The

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36053

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

December 27<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

No 8 N. Wolfe St

5. Full Name of Mother

Barbara Poit

6. Mother's Maiden Name

" Ochs

7. Mother's Birthplace

Germany

8. Full Name of Father

Benhard Poit

9. Father's Occupation

Barber

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Bely

Address

245 Canton Ave

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



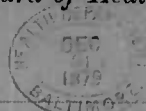
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth December 27<sup>th</sup> 1879
4. Place of Birth, (Street and Number) 2114 Chaplains St
5. Full Name of Mother Catherine Doll
6. Mother's Maiden Name " Welch
7. Mother's Birthplace Germany
8. Full Name of Father Michael Doll
9. Father's Occupation White washer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betty
- Address 245 Canton Ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36053

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
- Sex (state whether male or female) male
- Race or Color (if not of the white race) White
- Date of Birth Dec 24th 1878
- Place of Birth (Street and Number) Baltimore St. N. 237
- Full Name of Mother Ellenora Williams
- Mother's Maiden Name " Blank
- Mother's Birthplace Bald Mt.
- Full Name of Father William L. Williams
- Father's Occupation Barber
- Father's Birthplace Bald Mt.
- Name of Medical Attendant, or other Person who makes this Return. Wm. R. Allen
- Address 48 H.olland St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d,*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 27th; 6:20, P. M.*  
 4. Place of Birth (Street and Number) *No. S. Remond St.,*  
 5. Full Name of Mother *Mary Oster,*  
 6. Mother's Maiden Name *Swindell,*  
 7. Mother's Birthplace *Virginia*  
 8. Full Name of Father *John Oster,*  
 9. Father's Occupation *Plumber*  
 10. Father's Birthplace *Baltimore City.*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. W. C. Alderdice, M.D.*  
 Address *#106 Columbia Avenue.*  
 Remarks *Child in good physical condition, living.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36057

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

December 27 1879

4. Place of Birth, (Street and Number)

49 E. Bittelstr.

5. Full Name of Mother

Mina Haid.

6. Mother's Maiden Name

Mina Knodien

7. Mother's Birthplace

German

8. Full Name of Father

Joseph Haid

9. Father's Occupation

Piano Tuner

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. Rudiger

Address

134 E. Bondstr.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

Black

Dec. 27 1879

25 Waverley St

Frank Sugar

MacGowan

Black

Charles Sugar

Printer

Black

J. U. C. Cradley

313 Franklin St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *December 27, 1879*
  4. Place of Birth (Street and Number) *89 St. Paul St.*
  5. Full Name of Mother *Annie Wood*
  6. Mother's Maiden Name *- Wm. Lead*
  7. Mother's Birthplace *Boston Massachusetts*
  8. Full Name of Father *Arthur Wood*
  9. Father's Occupation *Commercial Agent*
  10. Father's Birthplace *Boston*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Scarff M.D.*
- Address *4 Cathedral St.*
- Remarks *Nil.*

Recd. Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Given December 27th

4. Place of Birth (Street and Number)

No 3 Pousheanian alley

5. Full Name of Mother

Julia Johnson

6. Mother's Maiden Name

Johnson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George Johnson

9. Father's Occupation

Carpenter & Joiner

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Maria Beck No. 77

North Gurnham St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

36061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8<sup>th</sup>  
Female  
White

Dec. 27<sup>th</sup> 1879

Baltimore Ramsey St. N<sup>o</sup>. 173

Mary Frasier  
Lewis

Baltimore

James. Frasier  
Laborer

Baltimore

Mrs. C. Mitchell  
N<sup>o</sup>. 140 Ramsey St





advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st

1. Sex (state whether Male or Female).... Boy

2. Race or Color (if not of the white race).... white

3. Date of Birth... Sat, Dec. 27th. 1879.

4. Place of Birth (Street and Number).... 277 N. Hoffman St

5. Full Name of Mother... Mary Kelaline

6. Mother's Maiden Name... Mary Mullen

7. Mother's Birthplace... Balto. Md

8. Full Name of Father... Mark Kelaline

9. Father's Occupation... Clerk

10. Father's Birthplace... Ireland

Name of Medical Attendant, or other Person who makes this Return... Wilmer Brinton, M.D.

Address... 25 1/2 Greenmount Ave,

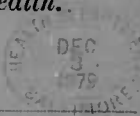
Remarks... Vertex Presentation.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36063

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race)

3. Date of Birth *27. of November*

4. Place of Birth (Street and Number) *Baltimore M.D No 8. Creek st*

5. Full Name of Mother *Annice Leybold*

6. Mother's Maiden Name *Annice Krogmann*

7. Mother's Birthplace *Baltimore M.D.*

8. Full Name of Father *Paul. Leybold.*

9. Father's Occupation *Operator and Fitter on Boats and shoes*

10. Father's Birthplace *Baltimore M. D.*

Name of Medical Attendant, or other Person who makes this Return.

*Dr. J. W. W. W.*

Address

*8. Greenleaf 14. 11*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *Dec 27 1877*  
 4. Place of Birth (Street and Number) *No 27 Heath Street*  
 5. Full Name of Mother *Laura A Hudson*  
 6. Mother's Maiden Name *Laura A Hinton*  
 7. Mother's Birthplace *Baltimore Co 11 dist*  
 8. Full Name of Father *William R Hudson*  
 9. Father's Occupation *Freight Conductor B. & O. R. R.*  
 10. Father's Birthplace *Baltimore Co 1st dist*  
 Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hinton*  
 Address *121 Fort Ave*  
 Remarks *Being well*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

9<sup>th</sup>  
Female  
White  
December 27-1879-  
72 N. Paca St.  
Rachel Whitehill  
Mandelbaum  
Balto. City, Md.  
Israel Whitehill  
Merchant.  
Germany  
Samuel T. Knight M.D.  
No. 112 N. Greene St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *29th December 1879*  
4. Place of Birth (Street and Number) *100 North Chaffin Street,*  
5. Full Name of Mother *Idea Lewis*  
6. Mother's Maiden Name *Idea McKurtz*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *James A. McKurtz*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*  
Address *71 North Chaffin Street per Crescentia Kunkel*  
Remarks *Healthy*

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36667

GIVEN NAME ADDED, 6-17-63

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: George Homer Rightness  
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.): 4  
1. Sex (state whether male or female) male  
2. Race or Color, (if not of the white race) white  
3. Date of Birth December 27 1879  
4. Place of Birth, (Street and Number) 41 E. Bondstr.  
5. Full Name of Mother Lizzy Kirkness  
6. Mother's Maiden Name L. Homer  
7. Mother's Birthplace Pennsylvania  
8. Full Name of Father John H. Kirkness  
9. Father's Occupation Photographer  
10. Father's Birthplace Ortny, Enslands Scotland  
Name of Medical Attendant, or other Person who makes this Return Mr. R. Rudiger  
Address 154 E. Bondstr.  
Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Dec 27<sup>th</sup> 19  
 4. Place of Birth, (Street and Number) 423 364 N. Lombard St Baltimore Md  
 5. Full Name of Mother Gertrude Emma Harvey  
 6. Mother's Maiden Name " " Munday  
 7. Mother's Birthplace Caroline, Co, Pa  
 8. Full Name of Father Charles Alexander Harvey  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this return. Suzanne L. Hunter  
 Address 21st Poppleton St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Decemb 27 1879*
4. Place of Birth (Street and Number) *156 Lombard St*
5. Full Name of Mother *Ellen Mc Geer*
6. Mother's Maiden Name *Ellen Hagan*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Ed Mc Geer*
9. Father's Occupation *clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W H Pittman M D*
- Address *23 Franklin St*
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

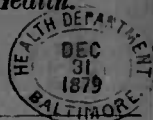


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 27 1899
4. Place of Birth, (Street and Number) St. Ann's St 48
5. Full Name of Mother Ricky Christina Nicolson
6. Mother's Maiden Name Ricky Christina Dyer
7. Mother's Birthplace Baltimore MD
8. Full Name of Father John Nicolson
9. Father's Occupation A Baker
10. Father's Birthplace Baltimore MD
- Name of Medical Attendant, or other Person who makes this Return Anna Dundee Co. Schreier
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White - Colored.
3. Date of Birth 28<sup>th</sup> Dec 1879.
4. Place of Birth, (Street and Number) Mrs. Lizzy Wallace
5. Full Name of Mother Lizzy Wallace
6. Mother's Maiden Name 1183. Mulliken's St.
7. Mother's Birthplace Balt City
8. Full Name of Father George Wallace
9. Father's Occupation Cyther Schuster
10. Father's Birthplace Balt City
- Name of Medical Attendant, or other Person who makes this Return. Mary Waller
- Address 1213 W. Carver
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth December 28th 1877
4. Place of Birth (Street and Number) 41 S. Frederick St.
5. Full Name of Mother Ellen Landrigan
6. Mother's Maiden Name "
7. Mother's Birthplace Ireland
8. Full Name of Father Edward Landrigan
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return Mrs. C. B. Stein
- Address 43 E. Lombard St.
- Remarks

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3607.3

A circular library stamp from the Health Department, Baltimore. The text "HEALTH DEPT" is at the top, "BALTIMORE" is at the bottom, and "MAR 31 1879" is in the center.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth December 28<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 319 Bond St.  
5. Full Name of Mother Lizzie Kuehler  
6. Mother's Maiden Name Lizzie Klingelhofer  
7. Mother's Birthplace America  
8. Full Name of Father George Kuehler  
9. Father's Occupation Farmer  
10. Father's Birthplace America  
Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amant.  
Address No. 137 N. 1<sup>st</sup> St.  
Remarks 116

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

360711

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth December the 28, 1889.
4. Place of Birth (Street and Number) Chapman St. No. 18.
5. Full Name of Mother Maddiana A. Jungling
6. Mother's Maiden Name Maddiana J. Graft
7. Mother's Birthplace Baltimore City
8. Full Name of Father Paul B. Jungling
9. Father's Occupation Builder
10. Father's Birthplace Eldingen N. Wurtemberg, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

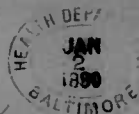


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
  2. Race or Color (if not of the white race) White
  3. Date of Birth December 28 1879
  4. Place of Birth (Street and Number) 176 Lombard St
  5. Full Name of Mother Isolina Howard
  6. Mother's Maiden Name Isolina Carson
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Robert Howard
  9. Father's Occupation Lumber
  10. Father's Birthplace D.C.
- Name of Medical Attendant, or other Person who makes this Return. J. H. Miller
- Address 121 Lombard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 28 1890

4. Place of Birth (Street and Number)

60370 Orleans St.

5. Full Name of Mother

Mrs. Helen H. Barnes

6. Mother's Maiden Name

Miss H. Sedricks Young

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Mr. William H. Barnes

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return.

Wm H. Collins M.D.

Address

No. 102 N. Broadway

Remarks

First Record of Child Registered in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

Colored

28 December

Worner 11-84

Immeder Frader

Immeder Frader

Port of Birth

Charles Frader

Miller

Immeder Frader

Dr. M.

Mount Gormery 295



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36078

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 18th 1879*
4. Place of Birth (Street and Number) *14 - West near St. John*
5. Full Name of Mother *Catharine J. Galtman*
6. Mother's Maiden Name *Anna*
7. Mother's Birthplace *Bavaria Germany*
8. Full Name of Father *John Engelbrecht*
9. Father's Occupation *Black Carver*
10. Father's Birthplace *Brossard Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. H. B. H.*
- Address *No 185 1/2 W. Central av. Monument St.*
- Remarks *See Hall.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup> Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 28. 1879

4. Place of Birth (Street and Number)

No. 32 W. Baltimore St.

5. Full Name of Mother

Mary Stuckert.

6. Mother's Maiden Name

Mary Wolf.

7. Mother's Birthplace

Hees, Darmstadt

8. Full Name of Father

M<sup>r</sup>. Stuckert

9. Father's Occupation

Tobaccoist

10. Father's Birthplace

Washington D. C.

Name of Medical Attendant, or other Person who makes this Return.

J. P. Ward M.D.

Address

227 Carrollton Ave.

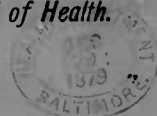
Remarks

Child Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

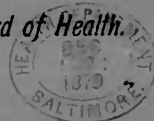


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *December 28<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *309 Funch St*  
5. Full Name of Mother *Eliza Jane Tumbleson*  
6. Mother's Maiden Name *" " Summing*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Wm Tumbleson*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *D W Cathell M D*  
Address *2 N Broadway*  
Name of child: *Mabel Tumbleson*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth December 28<sup>th</sup> 1877  
4. Place of Birth (Street and Number) Baltimore Montgomery St. 163  
5. Full Name of Mother Elizabeth Todd  
6. Mother's Maiden Name James  
7. Mother's Birthplace Dorchester County Md  
8. Full Name of Father William Todd  
9. Father's Occupation Sailor  
10. Father's Birthplace Dorchester County  
Name of Medical Attendant, or other Person who makes this Return. M<sup>rs</sup> Elizabeth Scarborough  
Address No 220 Montgomery St Balt.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childreo born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 28th 79*
4. Place of Birth (Street and Number) *937 Lexington St.*
5. Full Name of Mother *Camilla Brewer*
6. Mother's Maiden Name *" High*
7. Mother's Birthplace *Ind*
8. Full Name of Father *Chas E P. Brewer*
9. Father's Occupation *Cattle Dealer*
10. Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Kelly M.D.*
- Address *87 Breun St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36083

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

Monday Dec 28. 1879.

4. Place of Birth (Street and Number)

Fort ave

5. Full Name of Mother

Mary Otterbein

6. Mother's Maiden Name

Mary Simon

7. Mother's Birthplace

Germany

8. Full Name of Father

Anton Otterbein

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Catherine Horner

Address

No. 106 West st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36084

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baltic, Harv. Maryland 1879*
  1. Sex (state whether Male or Female) *Thomson county forger*
  2. Race or Color (if not of the white race) *rose color child*
  3. Date of Birth *born on the 29*
  4. Place of Birth (Street and Number) *Miss Mary Miggold in 7 coat land in south*
  5. Full Name of Mother *Clara Askebeck*
  6. Mother's Maiden Name *Miss Stuber had sharp throat*
  7. Mother's Birthplace *Thomson county forger*
  8. Full Name of Father *Sam Smith*
  9. Father's Occupation *Walter*
  10. Father's Birthplace *Thomson county forger*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

First Record of Birth Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36085

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 28 1879

4. Place of Birth (Street and Number)

#2 Hollins St

5. Full Name of Mother

Vernon Small

6. Mother's Maiden Name

Wertenbaker

7. Mother's Birthplace

Va

8. Full Name of Father

Levi H Small

9. Father's Occupation

Merchant

10. Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo H. Lupton  
Maudie Lupton



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36086

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Col

3. Date of Birth

December 28<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

No 15 S Register St

5. Full Name of Mother

Carrie Lee

6. Mother's Maiden Name

unknown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Antonie Lee

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Said to be Portuguese

Name of Medical Attendant, or other Person who makes this return.

B. F. Leonard

Address

26 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

24 of December 1879

4. Place of Birth (Street and Number)

98

Boston St

5. Full Name of Mother

Mary Anna Holtzhouse

6. Mother's Maiden Name

Mary Anna Scherider

7. Mother's Birthplace

Baltimore

8. Full Name of Father

August Henry

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Wiley

Address

No 13 Patterson Park Dr

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether male or female)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *December the 25th 1879.*
  4. Place of Birth (Street and Number) *Cleary St. No. 1.*
  5. Full Name of Mother *Annie S. Taylor*
  6. Mother's Maiden Name *Annie S. Albers.*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *George M. Taylor*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*
- Address *N. Dallas St. No. 26.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *December the 24<sup>th</sup> 1879.*
  4. Place of Birth (Street and Number) *N. Carolina St. N. E. Co.*
  5. Full Name of Mother *Maria Lenz*
  6. Mother's Maiden Name *Maria Erdmann*
  7. Mother's Birthplace *Hogsdon City*
  8. Full Name of Father *Henry Lenz*
  9. Father's Occupation *Clerk.*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return. *Mary E. Miller*
- Address *N. Dallas St. N. E. Co.*

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the last name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Dec 24<sup>th</sup>*
4. Place of Birth (Street and Number) *No. 14 New St.*
5. Full Name of Mother *Sizzie Jacob*
6. Mother's Maiden Name *Wolf*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William M. Jacob*
9. Father's Occupation *Grocery Business*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Barbara Reis Mother's wife*
- Address *No 26 north Frederick St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *24<sup>th</sup> December*

4. Place of Birth (Street and Number) *B. City 329 W. Central Ave.*

5. Full Name of Mother *Mary Elizabeth Schmidt.*

6. Mother's Maiden Name *Wolfe.*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John Louis Schmidt*

9. Father's Occupation *Cafe Baker.*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Barbara Weiss*

Address *No 36 W. Frederick St.*

Remarks *Nothing*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2  
Female  
White  
Dec 24 1879  
181 Johnson St  
Minnie Doessel  
Baltimore  
Philip Doessel  
Brick Maker  
Baltimore  
Mrs Ann Nash

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-1  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth December 24th. 1879.  
 4. Place of Birth (Street and Number) 2201 N. Lombard St.  
 5. Full Name of Mother Christina Gross.  
 6. Mother's Maiden Name Christina Miller  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father C. G. Gross.  
 9. Father's Occupation Commissioner  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. M. G. Smith.  
 Address 1115 N. E. 3rd St. Baltimore Md.  
 Remarks See Miller



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether ~~first~~ born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) White
2. Race or Color (if not of the white race) Male
3. Date of Birth Dec 24th 1879
4. Place of Birth (Street and Number) # 350 Eastern Ave.
5. Full Name of Mother C. Spencer North
6. Mother's Maiden Name Spencer
7. Mother's Birthplace Balto.
8. Full Name of Father John M North
9. Father's Occupation Baker
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Pennis
- Address # 1710 Washington St
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36095

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. Dec 22, 1879.

20

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The First

1. Sex (state whether Male or Female)

Sex Female

2. Race or Color (if not of the white race)

of the colored

3. Date of Birth

half past two o'clock

4. Place of Birth (Street and Number)

3 Npton Street

5. Full Name of Mother

Martha F. Jones

6. Mother's Maiden Name

Martha Fields

7. Mother's Birthplace

Glaster County Virginia

8. Full Name of Father

Samuel Jones

9. Father's Occupation

laboring

10. Father's Birthplace

Frederick County Maryland

Name of Medical Attendant, or other Person who makes this return

Margaret G. [unclear]

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

423

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 24, 1879*
4. Place of Birth (Street and Number) *249 William St*
5. Full Name of Mother *Mary E. Bartlett*
6. Mother's Maiden Name *Mary E. Staughton*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Thos. H. Bartlett*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Pa. etc. Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Thos. L. Roberts, M.D.*
- Address *145 Hanover St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *December 24 1874*
4. Place of Birth (Street and Number) *110 Duane St*
5. Full Name of Mother *Catharine Kelly*
6. Mother's Maiden Name *Catharine Hanlon*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Kelly*
9. Father's Occupation *laborer*
10. Father's Birthplace *inland*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Burch St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Dec 24 1877*
4. Place of Birth (Street and Number) *128 hotel St*
5. Full Name of Mother *Mary E. Shields*
6. Mother's Maiden Name *Mary E. Jones*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Eugene Shields*
9. Father's Occupation *Booster*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs E. F. Foy St*
- Address *195 Chester*
- Remarks *The City*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36099

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 24 1879

4. Place of Birth (Street and Number)

77 W. 1st St.

5. Full Name of Mother

Elizabeth Fisher  
Clay Gibson

6. Mother's Maiden Name

Baltimore

7. Mother's Birthplace

Irish Fisher

8. Full Name of Father

Fisher

9. Father's Occupation

Baltimore

10. Father's Birthplace

Mass & Texas

Name of Medical Attendant, or other Person who makes this Return.

Address

193 Chester St

Remarks

Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether Male or Female) *Boys*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *14 December*

4. Place of Birth (Street and Number) *9 Millman St*

5. Full Name of Mother *Lucilia Helenka*

6. Mother's Maiden Name *" " " "*

7. Mother's Birthplace *Balt or Bohemia*

8. Full Name of Father *Franc Helenka*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Mohodiv Bohemia*

Name of Medical Attendant, or other Person who makes this Return. *J. Konrad*

Address *200 Barques St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36101

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 21st 1877*

4. Place of Birth (Street and Number) *83 Franklin St.*

5. Full Name of Mother *Margaret P. Somers*

6. Mother's Maiden Name *a. Dady*

7. Mother's Birthplace *Penn.*

8. Full Name of Father *Calvin H. Somers*

9. Father's Occupation *None*

10. Father's Birthplace *Penn.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Hanna*

Address *16 Bartlett St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2<sup>nd</sup>

Male

White.

December 24, 1879

93 E. Pratt St.

Sarah Read

Sarah Caruthers,

Canada.

Joseph Read,

Ship Broker,

Canada

D. W. Hanchard.

75 E. Baltimore St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3<sup>d</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

December 25<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

918 S Bond st

5. Full Name of Mother

Sophia Bueschel

6. Mother's Maiden Name

" Baister

7. Mother's Birthplace

City

8. Full Name of Father

Chas. Bueschel

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Carlton Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

11 29 36104  
Male  
White  
Dec 23 11 29  
No 94 Baltimore Ave  
Laura E. Bennett Taylor  
Laura E. Allen  
Bal France  
Charles E. Bennett  
Lawyer  
Bal France  
House to 11 29  
None to Charles  
Midwife  
27 7th St 11 29  
C. E. Allen

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Decr 25. 79
4. Place of Birth (Street and Number) 217 N. Eden St.
5. Full Name of Mother Margaretta Benick
6. Mother's Maiden Name " Shipley
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Benick
9. Father's Occupation Plasterer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Seattle Oliver
- Address 226 E. Monument St.
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

December 25<sup>th</sup> 1879

4. Place of Birth, (Street and Number)

396 Canton Ave

5. Full Name of Mother

Margarette Frankle

6. Mother's Maiden Name

"Dancer

7. Mother's Birthplace

Germany

8. Full Name of Father

William Frankle

9. Father's Occupation

Saloon Proprietor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36108

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

December 25th 1879

4. Place of Birth, (Street and Number)

No 66 S. Wolfe St

5. Full Name of Mother

Barbara Hemmeter

6. Mother's Maiden Name

Beck

7. Mother's Birthplace

City

8. Full Name of Father

Fred. Hemmeter

9. Father's Occupation

Barbar

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
1. Sex: (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Dec 28<sup>th</sup> 1879*  
4. Place of Birth (Street and Number) *No 211*  
5. Full Name of Mother *Anna Schilttrum*  
6. Mother's Maiden Name *" " Schröder*  
7. Mother's Birthplace *Germany*  
8. Full Name of Father *Conrad Schilttrum*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Frederick Kaufman*  
Address *197 S. Dallas St.*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mary Kaptusk

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(6<sup>th</sup>) Sixth*

1. Sex (state whether Male or Female) *male*
  2. Race or Color (if not of the white race) *white*
  3. Date of Birth *December 29 1879*
  4. Place of Birth (Street and Number) *263 Park Avenue*
  5. Full Name of Mother *Annie J. Reid*
  6. Mother's Maiden Name *Annie J. England*
  7. Mother's Birthplace *Hockaysville Baltimore Md*
  8. Full Name of Father *Thomas B. Reid*
  9. Father's Occupation *Carpenter*
  10. Father's Birthplace *Baltimore City Md*
- Name of Medical Attendant, or other Person who makes this return *J. C. Hummer*  
Address *231 N. Fremont St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

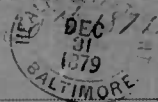
# RETURN OF A BIRTH.

36112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

December



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 29th 1879

4. Place of Birth (Street and Number) 257 Eastern Ave

5. Full Name of Mother Katie Kuechmeister

6. Mother's Maiden Name Katie Kuechmeister

7. Mother's Birthplace Germany

8. Full Name of Father John Kuechmeister

9. Father's Occupation Driver

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Roy, M.D.

Address No. 127 N. 4th St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *29 Dec 1879*
4. Place of Birth (Street and Number) *No 39 Chest St*
5. Full Name of Mother *Easton*
6. Mother's Maiden Name *Anna Miller Thomas*
7. Mother's Birthplace *current place*
8. Full Name of Father *George Thomas*
9. Father's Occupation *Driver*
10. Father's Birthplace *Easton*
- Name of Medical Attendant, or other Person who makes this Return. *Dr Wm William*
- Address *No 10 Chest St*
- Remarks *4th and 1st child living well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

361111

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex (state whether ~~male~~ or female)
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *December the 29, 1879.*
  4. Place of Birth (Street and Number) *Register St. N. 365*
  5. Full Name of Mother *Mary Boykard*
  6. Mother's Maiden Name *Mary Pfeffer*
  7. Mother's Birthplace *Messel, Gr. Plessen, Germany*
  8. Full Name of Father *Edward Boykard*
  9. Father's Occupation *Carpenter*
  10. Father's Birthplace *Breschagen, N. Plessen, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*
- Address *N. Dallas St. N. 365*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36115

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 29<sup>th</sup> 1879
4. Place of Birth (Street and Number) Market, Spout "A"
5. Full Name of Mother Eliza B. Richardson
6. Mother's Maiden Name Raier
7. Mother's Birthplace Kangaroo
8. Full Name of Father Henry Richardson
9. Father's Occupation Colonel
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Wm. R. Alling
- Address 18 H. Alland Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36116

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



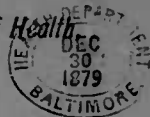
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.  
1. Sex (state whether Male or Female) Female.  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec. 24th; 9:30 A. M.  
4. Place of Birth (Street and Number) No. 289 Columbia Ave.  
5. Full Name of Mother Mary Wardell,  
6. Mother's Maiden Name Lehnard,  
7. Mother's Birthplace Balt. City.  
8. Full Name of Father J. M. Wardell,  
9. Father's Occupation Blacksmith,  
10. Father's Birthplace Balt. City.  
Name of Medical Attendant, or other Person who makes this Return. Am. A. de la Roche, M.D.  
Address # 106 Columbia Avenue.  
Remarks Child in good physical condition & living.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether Male or Female) male  
 2. Race or Color (if not of the white race)  
 3. Date of Birth September 27-1879  
 4. Place of Birth (Street and Number) 471 N. Fremont St  
 5. Full Name of Mother Carney Ray  
 6. Mother's Maiden Name Carney Jackson  
 7. Mother's Birthplace Waco Tex  
 8. Full Name of Father John Ray  
 9. Father's Occupation Printer  
 10. Father's Birthplace Richmond Va  
 Name of Medical Attendant, or other Person who makes this Return. A. J. Howard  
 Address Carney, W. Jackson Sts  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

26118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*  
1. Sex (state whether Male or Female) *female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *29 of December*  
4. Place of Birth (Street and Number) *404 Alice Street*  
5. Full Name of Mother *Margaret Regan*  
6. Mother's Maiden Name *Margaret Higgins*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Mike Regan*  
9. Father's Occupation *Printer*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this return *May J. Quance*  
Address *57 Longhorn street*  
Remarks *well baby, well*



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

36119

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *29th December 1879*
4. Place of Birth (Street and Number) *E. Lombard Street 239*
5. Full Name of Mother *Maggie Schorr*
6. Mother's Maiden Name *Lager*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Georg Schorr*
9. Father's Occupation *Boxer*
10. Father's Birthplace *Andach Bayern Germany*
- Name of Medical Attendant, or other Person who makes this Return. *William H. H. H.*
- Address *S. W. H. H.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36120

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one 1108 (1108)*

1. Sex (state whether male or female) *male Child*

2. Race or Color (if not of the white race) *Colored race*

3. Date of Birth *Dec the 28/18.79*

4. Place of Birth (Street and Number) *218 Durham St Baltimore*

5. Full Name of Mother *Elozyie Walters*

6. Mother's Maiden Name *Elozyie Hosbey*

7. Mother's Birthplace *Somerset Ecate, md*

8. Full Name of Father *Gilbert Walters*

9. Father's Occupation *Merchandise*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Lucinda Warford*

Address *130 Register St Baltimore*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36121

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 29*

4. Place of Birth (Street and Number) *St. Paul St.*

5. Full Name of Mother *Louisa Kohlman*

6. Mother's Maiden Name *Louisa Kugman*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Herman Kohlman*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Annie Mesny*

Address *164 Penna. av.*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Primipara  
Male

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 29<sup>th</sup> '79.

4. Place of Birth (Street and Number)

519 Lexington St.

5. Full Name of Mother

Mrs. Sophie Grolls

6. Mother's Maiden Name

Mrs. Sophie Thomas

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Mr. Edwin F. Grolls.

9. Father's Occupation

Baggage Master B & O R.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. H. S. S. M. D.

Address

519 Lexington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *29*

4. Place of Birth (Street and Number) *Wilkes St 1252*

5. Full Name of Mother *Mary Meyer*

6. Mother's Maiden Name *Mary Becker*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Meigel*

9. Father's Occupation *Schneider*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*State Health*

*No 8. Landonhill*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

36124  
Linn

Male

White

Dec. 29<sup>th</sup> 1879

64 Green Mt Ave

Annie Dorsey

Annie Ryan

Ireland

John E. Dorsey

Soldier

Baltimore

S. W. Heanley M.D.

36 Green Mt Ave



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Baltimore dec 29. 1879 Ch. 2.4.8
4. Place of Birth (Street and Number) Baltimore. Spout. Howard st
5. Full Name of Mother anna. diggs. Wheller.
6. Mother's Maiden Name anna. diggs
7. Mother's Birthplace annapolis
8. Full Name of Father charles wheller
9. Father's Occupation drayman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary ann dowsey
- Address ellow lane 160.
- Remarks five dollars.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether Male or Female) *F.*
2. Race or Color (if not of the white race) *W.*
3. Date of Birth *Dec 29. 79*
4. Place of Birth (Street and Number) *156 14<sup>th</sup> Avenue*
5. Full Name of Mother *Mary Elizabeth Donavin*
6. Mother's Maiden Name *Berry*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Matthew Wilson Donavin M.D.*
9. Father's Occupation *Apothecary*
10. Father's Birthplace *Shippensburg Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Caldwell M.D.*
- Address *154 14<sup>th</sup> Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 29th 1879*
4. Place of Birth (Street and Number) *184 Division St.*
5. Full Name of Mother *Mary Catherine Philan*
6. Mother's Maiden Name " " *Carry*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *John W. Philan*
9. Father's Occupation *Private Secretary to Senator A. P. Roman*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Silas Baldwin M. D.*
- Address *152 Townsend St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



36128

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'  
1. Sex (state whether Male or Female) males #2  
2. Race or Color (if not of the white race) colored  
3. Date of Birth Dec 29  
4. Place of Birth (Street and Number) 30 McElroy st  
5. Full Name of Mother Clara Jones  
6. Mother's Maiden Name Clara Smith  
7. Mother's Birthplace Baltimore md  
8. Full Name of Father Ashbury Jones  
9. Father's Occupation ~~coach~~ cook  
10. Father's Birthplace Baltimore md  
Name of Medical Attendant, or other Person who makes this Return. Mrs. Leah Johnson  
Address no 82 short st  
Remarks healthy children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Dec 29<sup>th</sup> 1899*  
4. Place of Birth (Street and Number) *#18 Castle St*  
5. Full Name of Mother *Margt. B Driver*  
6. Mother's Maiden Name *Margt. Busher*  
7. Mother's Birthplace *Balto*  
8. Full Name of Father *Chris. Driver*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Balto*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Pappas*  
Address *#171 P Washington St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

36130

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 29<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *Low St 57*
5. Full Name of Mother *Mary Louisa Sutton*
6. Mother's Maiden Name *Reine*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Nelson Sutton*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin M. D.*
- Address *124 N. Epton St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

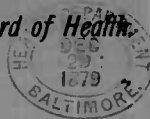


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth Dec 29
4. Place of Birth (Street and Number) 9 Short st
5. Full Name of Mother Frank Jones
6. Mother's Maiden Name Frank Spilman
7. Mother's Birthplace Baltimore
8. Full Name of Father Stephen Jones
9. Father's Occupation blackman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs Lesh Johnson
- Address 20 22 Short st
- Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 29th 1879*
4. Place of Birth (Street and Number) *371. McDermough St.*
5. Full Name of Mother *Josephine Stewart*
6. Mother's Maiden Name *" Merrett*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Wm Stewart*
9. Father's Occupation *Broom Maker*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Geo. A. Taylor M.D.*
- Address *210. N. Broadway*
- Remarks

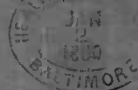


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36133

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Nov 29<sup>th</sup>
4. Place of Birth, (Street and Number) Baltimore No 172 Harrison
5. Full Name of Mother Susan Reed
6. Mother's Maiden Name Gray
7. Mother's Birthplace Baltimore County
8. Full Name of Father Robert Reed
9. Father's Occupation Store keeper
10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this Return. Thurman M. Collins
- Address 399 Lombard
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Nov 29 1894
4. Place of Birth, (Street and Number) Baltimore No 1 Union St
5. Full Name of Mother Maria Colman
6. Mother's Maiden Name Brooks
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Colman
9. Father's Occupation Painter
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. White
- Address 394 South Street
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 29th 79*
4. Place of Birth (Street and Number) *118 Mulberry St.*
5. Full Name of Mother *Ella Hammigain*
6. Mother's Maiden Name *Ella Bailey*
7. Mother's Birthplace *Mid*
8. Full Name of Father *Edward Hammigain*
9. Father's Occupation *Dentist*
10. Father's Birthplace *Mid*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Keller M.D.*
- Address *57 N. Howard St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

No 5th

Dec 29, 1879.

McKim St. No. 22

Bridget Harrigan

Lowell

Ireland

Timothy Harrigan

Laborer.

Ireland

Mary A. Allwell

286 Mt. Conough St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd  
Female

White

Decem 29 1879  
# 165 Montgomery St  
Sallie McMill

Sallie Simmons

Va

Geo McMill  
Laborer

Md.

H B Noble Md  
17 Warren Av

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

26128

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

29 Dec

4. Place of Birth, (Street and Number)

203 Druid Hill ave.

5. Full Name of Mother

Mary Ding

6. Mother's Maiden Name

" Hempke

7. Mother's Birthplace

New York

8. Full Name of Father

John Ding

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address

328 South Eutaw St.

Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *April 26, 1880*
  4. Place of Birth, (Street and Number) *S. Caroline St. No 148*
  5. Full Name of Mother, *Marianne Blessing*
  6. Mother's Maiden Name, *Marianne Kroschberg*
  7. Mother's Birthplace, *Baltimore*
  8. Full Name of Father, *Simon Blessing*
  9. Father's Occupation, *Laborer*
  10. Father's Birthplace, *Riesbach, Gr. Baden, Germany*
- Name of Medical Attendant, *or other Person who* *Mary E. Miller*  
making the Return.
- Address, *N. Dallas St. No 26*
- Remarks,





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

26139

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 29<sup>th</sup> 79

4. Place of Birth (Street and Number)

Cor Chew & Canal St.

5. Full Name of Mother

Alice Halpin

6. Mother's Maiden Name

" Kerr

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Michael Halpin

9. Father's Occupation

Turner

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

C. Hallenbach

Address

157. Asquith St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 31 December

4. Place of Birth, (Street and Number) 224 Eastern Ave.

5. Full Name of Mother Charlotte Becker

6. Mother's Maiden Name Parason

7. Mother's Birthplace M. P.

8. Full Name of Father Phillip Becker

9. Father's Occupation Cleric

10. Father's Birthplace M. P.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Gasper

Address 52 W. Lombard St.

Remarks \_\_\_\_\_

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (10)*  
1. Sex (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth *30<sup>th</sup> Dec<sup>r</sup> 1879*  
4. Place of Birth, (Street and Number) *201 A Bond St*  
5. Full Name of Mother *Mary J Hamilton*  
6. Mother's Maiden Name *Mary J. Riley*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father  *Jas B Hamilton*  
9. Father's Occupation *Painter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this return. *Amanda Marine*  
Address *378 E Monument St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec. 30<sup>th</sup> 1879  
4. Place of Birth (Street and Number) 63 Bond St.  
5. Full Name of Mother Ester Jacob  
6. Mother's Maiden Name " " Lehensohn  
7. Mother's Birthplace Pohlen  
8. Full Name of Father Jacob Jacob  
9. Father's Occupation Cottler  
10. Father's Birthplace Pohlen  
Name of Medical Attendant, or other Person who makes this Return. Barbara Reiss  
Address 26 N. Frederick St.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sunday Morning, December 30th 1879*

4. Place of Birth (Street and Number) *265 Fremont St.*

5. Full Name of Mother *Louise J. Boland*

6. Mother's Maiden Name *Louise, Leach*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *John J. Boland*

9. Father's Occupation *Hat Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *William Brincku M.D.*

Address *269 N. Carroll St.*

Remarks *Vertex Presentation.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

26144-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 5

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 30<sup>th</sup> 1879

4. Place of Birth (Street and Number)

Cor Park Ave + Dolphin St

5. Full Name of Mother

Laura Waidner

6. Mother's Maiden Name

Snyder

7. Mother's Birthplace

Belknap

8. Full Name of Father

George W. Waidner (decd)

9. Father's Occupation

—

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Buff No.  
S. V. S. S. S.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6th  
Male  
White  
Dec 30th 1879  
90 Regal St  
Anne C. Brown  
Annie C. Schullz  
Baltimore Md  
Jas H Brown  
Carpenter  
Virginia  
Theodore Cooke M.D.  
146 Hanover St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 30<sup>th</sup> 1877*

4. Place of Birth (Street and Number) *# 213 Light Street*

5. Full Name of Mother *Caroline Black*

6. Mother's Maiden Name *Caroline Frick*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Louis Black*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Louis Black*

Address

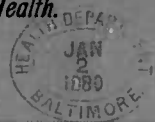
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36147

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *30th Dec. 1879*  
 4. Place of Birth (Street and Number) *61 S. Ann St.*  
 5. Full Name of Mother *Ann Clifford*  
 6. Mother's Maiden Name *Mrs. Gariga*  
 7. Mother's Birthplace *Phila. Pa.*  
 8. Full Name of Father *Thomas Edward Clifford*  
 9. Father's Occupation *Quensware packer*  
 10. Father's Birthplace *Balto. City*  
 Name of Medical Attendant, or other Person who makes this Return. *E. J. Horns M.D.*  
 Address *406 E. Balto. St.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Seventh*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec 30th 1879*  
 4. Place of Birth (Street and Number) *137 Elliott St*  
 5. Full Name of Mother *Mary Ann*  
 6. Mother's Maiden Name *Mary Graybill*  
 7. Mother's Birthplace *Remond, Prussia*  
 8. Full Name of Father *Thomas Henry*  
 9. Father's Occupation *Iron Roller*  
 10. Father's Birthplace *England*  
 Name of Medical Attendant, or other Person who makes this Return. *E. Jones Williams M.D.*  
 Address *17 Palmyra St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 30<sup>th</sup> December 1879
4. Place of Birth (Street and Number) 238 Glenview St. Bolton
5. Full Name of Mother Beck Kerpel
6. Mother's Maiden Name Rohr
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father C. W. Kerpel
9. Father's Occupation Carriage maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Francis M. Mearns
- Address 8 Jackson Hill St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5th  
Male  
White  
Dec 30th  
10112 Maryland Ave  
Gertrude M. Cate  
Bought  
Maryland  
James F. M. Cate  
Contractor  
Maryland  
Wm. W. Bridge

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dec 30, 1879

429 E. Chase St.

Theodocia E. Taylor

" " Hill

Balt-

Franklin P. Taylor

Printer

Balt-

J. M. White, M.D.

341 N. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ONE*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 30<sup>th</sup> 1879*  
 4. Place of Birth (Street and Number) *75 C Biddle st*  
 5. Full Name of Mother *Idelle Foster*  
 6. Mother's Maiden Name *Idelle McFay*  
 7. Mother's Birthplace *Newtown Md*  
 8. Full Name of Father *James McFoster*  
 9. Father's Occupation *Plumber & Gas Fitter*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, *Louisa A. E. Overton*  
or other Person who makes this Return.  
 Address *No 10 N Wolf st*  
 Remarks *Live Born*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *German*

3. Date of Birth *Dec 31st 1879*

4. Place of Birth (Street and Number) *Quaker 16311 Lombard*

5. Full Name of Mother *Ruth Rindmann*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Germany*

8. Full Name of Father *W. Rindmann*

9. Father's Occupation *unknown*

10. Father's Birthplace *"*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Branchman M.D.*

Address *16311 Lombard St.*

Remarks *mother and child doing well*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the father's name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December*

4. Place of Birth (Street and Number) *18 prices place*

5. Full Name of Mother *Mary Burnes*

6. Mother's Maiden Name *Mary Pouch*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Patrick Burnes*

9. Father's Occupation *Labory*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Lorah Worden*

Address *330 Bay path. street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *December 30th 1879*

4. Place of Birth (Street and Number) *No. 152 North Chappelle*

5. Full Name of Mother *Julia Stephens*

6. Mother's Maiden Name *Andrew*

7. Mother's Birthplace *W. Va. Co. Md.*

8. Full Name of Father *Samuel Nelson*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks *Maria B. Park 11 S. Jackson St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *dec 30*
4. Place of Birth (Street and Number) *79 stirling st*
5. Full Name of Mother *martha johnson*
6. Mother's Maiden Name *martha dodd*
7. Mother's Birthplace *centerville md*
8. Full Name of Father *frishy johnson*
9. Father's Occupation *grocer*
10. Father's Birthplace *centerville md*
- Name of Medical Attendant, or other Person who makes this Return. *mr leas johnson*
- Address *no 32 short st*
- Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 30th 1879

4. Place of Birth (Street and Number) # Saddle Creek

5. Full Name of Mother L. B. Evans

6. Mother's Maiden Name Lina Behner

7. Mother's Birthplace Balto

8. Full Name of Father Chas Evans

9. Father's Occupation Laborer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Reimer

Address # 1710 Washington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

36158  
4-  
Female.  
White.  
December 30 - 1879 -  
118 N. Schroeder  
Elizabeth Mackabee  
Brown  
Baltimore, Md.  
Samuel Mackabee  
Turner of Wood,  
Annapolis County Md.  
Louis W. Knight M.D.  
112 N. Greene St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *February 20 1874*
4. Place of Birth (Street and Number) *Salicath street*
5. Full Name of Mother *Margt Small*
6. Mother's Maiden Name *Margt Holman*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Lewis Small*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Rachel Garrett*
- Address *65 Broadway*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

36160

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3d

1. Sex (state whether male or female)

Female twins

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec. 30, 1879.

4. Place of Birth, (Street and Number)

222 North Wolf.

5. Full Name of Mother

Ida G. Jones

6. Mother's Maiden Name

Hanson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Jones

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address

286 N. Howard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth ~~24th December~~ 30th December
4. Place of Birth (Street and Number) No. 24. New Church street
5. Full Name of Mother Isabella. Thomas.
6. Mother's Maiden Name Isabella. Johnson.
7. Mother's Birthplace Baltimore City
8. Full Name of Father James. Thomas
9. Father's Occupation waiter
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Ellen Stables
- Address No. 42. Little Sharp street.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup>*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *Dec 30<sup>th</sup> 1879*
4. Place of Birth (Street and Number) *532 N. Gay St*
5. Full Name of Mother *Roseanna Hindrey*
6. Mother's Maiden Name *Roseanna Hoffman*
7. Mother's Birthplace *Holland*
8. Full Name of Father *Charles Frederick Hindrey*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Stess Lemstadt Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *E. Geo. Hall M.D.*
- Address *27 N. Broadway*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

56163

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Dec 30<sup>th</sup> 1879*
4. Place of Birth, (Street and Number) *298 S Bond St*
5. Full Name of Mother *Mrs Wilhelmina Lemso*
6. Mother's Maiden Name *GREEN*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Lemso*
9. Father's Occupation *Freeman*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address *25 S Bond St*

Remarks

*Bolton*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th  
Male  
White  
December 30th 1879  
High St near Front  
Margaret J Powell  
Knew  
Ireland  
John Powell  
Laborer  
Germany  
E. Hall Rutledge  
157 West 9th St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>d</sup>

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec the 30<sup>th</sup> 1879

4. Place of Birth (Street and Number) 175 Durham St

5. Full Name of Mother Wilhelmine Christmann

6. Mother's Maiden Name " " " Eck

7. Mother's Birthplace Germany

8. Full Name of Father Edward Christmann

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Fredericka Kaufman

Address 197 S Dallas St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 30 1879
4. Place of Birth, (Street and Number) Bay St
5. Full Name of Mother Mrs. Amy Hall
6. Mother's Maiden Name Mrs. Amy Schuch
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mr. George Hall
9. Father's Occupation House Painter
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. L. Lumber 60 Schreter
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December the 31<sup>st</sup> 1878*

4. Place of Birth (Street and Number) *Hampstead St. No. 79.*

5. Full Name of Mother *Katharina Luerssen*

6. Mother's Maiden Name *Katharina Niemann*

7. Mother's Birthplace *Large, Prussia, Germany*

8. Full Name of Father *John V. Luerssen*

9. Father's Occupation *Grocer*

10. Father's Birthplace *Rittershagen, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Miller*

Address *N. Dallas St. No. 26*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or make at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8<sup>th</sup>  
Male  
White.

December 31. 1879

27<sup>th</sup> E. Pratt St.

Mary Magdalen Burnett

Mary Magdalen Chason

Maryland

Salmon D. A. Burnett,

Artist.

Maryland

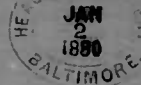
J. W. Honck M.D.

75 E. Baltimore St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Dec 11<sup>th</sup> 1879

4. Place of Birth (Street and Number) 87 N Spring St

5. Full Name of Mother Mary Kadane

6. Mother's Maiden Name " "

7. Mother's Birthplace Caroline Co Md

8. Full Name of Father William Burnell

9. Father's Occupation Laborer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Catharine Corby

Address 87 N Spring St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

Dec. 31<sup>st</sup> 1879

4. Place of Birth (Street and Number)

Baltimore Ramsey St No. 146

5. Full Name of Mother

Kate Maxwell  
Shallas

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John. Maxwell

9. Father's Occupation

Horse. Shoer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address

No. 146 Ramsey St.

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health



BALTIMORE CITY  
**CLARENCE M. WHITE**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Admitted by Indemnity*  
*4-20-86*  
*8-16*

*Wm. Whitebridge*  
*Clarence M. White*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

36172

A circular postmark from Baltimore, MD, dated JAN 5 1891. The text "BALTIMORE" is at the bottom, "MD" is at the top, and "JAN 5 1891" is in the center.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth 31<sup>st</sup> Dec/79

4. Place of Birth, (Street and Number) 214 Biddle St. Balto.

5. Full Name of Mother Mary Resnick

6. Mother's Maiden Name Mary Milroy

7. Mother's Birthplace Scotland

8. Full Name of Father William Russell

9. Father's Occupation Clerk  
10. Father's Birthplace Seattle

Name of Medical Attendant or other Person who

Name of Medical Attendant, or other Person who makes this Return. Wm C. Carroll

Address 27 Broadway St

Remarks Healthy

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 31<sup>st</sup> 1879

4. Place of Birth (Street and Number)

57 S. Eden St

5. Full Name of Mother

Fannie Hollander

6. Mother's Maiden Name

Kocklan

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Ed. Hollander

9. Father's Occupation

Furniture Manufacturer

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this return

R. J. H. Tall, M.D.,  
15-2 Sharp

Address

Remarks, Child living

That any person in charge of a house, or other person in charge of a family, who receives notice from the Registrar of the birth of any child, within the City of Baltimore, shall report the same to the Registrar of the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born. He or their physician, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth, or later, within the City of Baltimore, who shall attend, assist or  
thereafter, stating distinctly the date of birth, sex, age, color of the child, children born, or their parents,  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the male or  
name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

31 of December

4. Place of Birth (Street and Number)

1212 E. Pratt

5. Full Name of Mother

Katy Kuhn

6. Mother's Maiden Name

Katy Kuhn

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Heinrich

9. Father's Occupation

Labour

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Anna Lindner

Address

1212 E. Pratt Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 31<sup>st</sup> 1879*

4. Place of Birth (Street and Number) *Baltimore City*

5. Full Name of Mother *Ella Deborah Steg*

6. Mother's Maiden Name *Ellen G. Talbot*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *James D. Steg*

9. Father's Occupation *Clerk Philadelphia Dep't*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mr. A. Harris Brooks*

Address *No. 210 Warner Street*

Remarks *Back doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 31<sup>st</sup> December 1879

4. Place of Birth, (Street and Number) 55 York st

5. Full Name of Mother Maria Gaitly

6. Mother's Maiden Name McCormick

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas Gaitly

9. Father's Occupation Porter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Nebeker M.D.

Address 37 Barron

Remarks \_\_\_\_\_

See Record of Birth Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether ~~1st~~, 2d, &c.)

1. Sex (state whether Male ~~or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth Dec 31st 1879

4. Place of Birth (Street and Number) # 14 N. Gilman

5. Full Name of Mother Estelle Kennedy

6. Mother's Maiden Name "Mrs Berry

7. Mother's Birthplace

8. Full Name of Father Peter Kennedy

9. Father's Occupation Merchant

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo. H. [Signature]  
1 Mauerley Terrace

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*  
1. Sex (state whether Male or Female) *male*  
2. Race or Color (if not of the white race) *colored*  
3. Date of Birth *December 31<sup>st</sup>*  
4. Place of Birth (Street and Number) *Hanbury st - 98*  
5. Full Name of Mother *Fannie Dasheids*  
6. Mother's Maiden Name *Fannie Baltimore Weaver*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *William Dasheids*  
9. Father's Occupation *laborer*  
10. Father's Birthplace *Cambridge and*  
*Charity Boulden*  
Name of Medical Attendant, or other Person who makes this return  
Address *213 south Eutan st*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36150

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The fourth child.*  
 1. Sex (state whether Male or Female) *A Boy. A Male.*  
 2. Race or Color (if not of the white race) *White race.*  
 3. Date of Birth *December the 31.*  
 4. Place of Birth (Street and Number) *Baltimore, Boyd, st No. 28.*  
 5. Full Name of Mother *Mary Lemmermann.*  
 6. Mother's Maiden Name *Mary Niemann.*  
 7. Mother's Birthplace *Germany Liebenau*  
 8. Full Name of Father *Henry Lemmermann*  
 9. Father's Occupation *A Blacksmith*  
 10. Father's Birthplace *Germany St. Ehrichshoff*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Sommerfeld*  
 Address *Pen. Av. No. 38.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

36181

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) color

3. Date of Birth Dec 31 1879

4. Place of Birth (Street and Number) Leaden hall street 11, Md.

5. Full Name of Mother Lenia daphson

6. Mother's Maiden Name Lenia Wesley

7. Mother's Birthplace Cambridge M.D.

8. Full Name of Father J. Wesley

9. Father's Occupation barter

10. Father's Birthplace Baltimore City M.D.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Benn

Address as well as can be expected

Remarks Leaden hall St Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36189

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 31st. 1899* *about 5:30 P.M.*
4. Place of Birth (Street and Number) *Clinton St. Canton*
5. Full Name of Mother *Annie Helen Jones*
6. Mother's Maiden Name *Annice Helen Garvey*
7. Mother's Birthplace *New Jersey*
8. Full Name of Father *Rev. John Hyman Jones*
9. Father's Occupation *Presbyterian Minister*
10. Father's Birthplace *Wales*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Kinnelle M.D.*
- Address *279 E. Baltimore St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 31 1879

4. Place of Birth (Street and Number)

Sanatoga Street Furness

5. Full Name of Mother

Marion Strutz

6. Mother's Maiden Name

Marion Saunders

7. Mother's Birthplace

Richmond Va

8. Full Name of Father

C. Oscar Strutz

9. Father's Occupation

Merchant

10. Father's Birthplace

Proden Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

1243 N. Charles

Remarks

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
December 31<sup>st</sup> 1879  
170 Johnson St  
Laura Daiter  
Annabear Daiter  
Birmingham, Ala  
William Daiter  
Car Conductor B & O R  
Baltimore  
Theodore Cooke M.D.  
146 Banner St



T: at any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

36185

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth January 4th 1884
4. Place of Birth (Street and Number) St. James St. 7
5. Full Name of Mother Rachel Smith
6. Mother's Maiden Name Smith
7. Mother's Birthplace Prussia
8. Full Name of Father Joseph Smith
9. Father's Occupation Doctor
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Wm. B. Allen
- Address 48 Howard St.
- Remarks.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

Date of Birth

March 2, 1880

Place of Birth (Street and Number)

812 W. Pratt St

Full Name of Mother

Lydia Hudson

Mother's Maiden Name

Fox

Mother's Birthplace

Virginia

Full Name of Father

George Hudson

Father's Occupation

Brickman Bldg

Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

John H. Wood

Address

200 Carey St

Remarks

rect Record of Vital Statistics in the

That any physician, accoucheur, midwife, or other person, who shall certify at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within three days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
 dies at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
 of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th birth*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *March 2<sup>d</sup> 1880*  
 3. Date of Birth *March 2<sup>d</sup> 1880*  
 4. Place of Birth (Street and Number) *763 Madison Avenue Balto Dist*  
 5. Full Name of Mother *Margaretta B. Speers*  
 6. Mother's Maiden Name *Margaretta B. Speers*  
 7. Mother's Birthplace *Westmoreland Co. Pennsylvania*  
 8. Full Name of Father *Solomon P. Speers*  
 9. Father's Occupation *Miner & Manufacturer of Gas Engines & Machinery*  
 10. Father's Birthplace *Belle Vernon Fayette Co. Penna.*  
 Name of Medical Attendant, or other Person who makes this Return *W. T. Howard M.D.*  
 Address *181 Madison St*  
 Remarks *7 1/2 mos child; delivered by forceps, uterus protruding beyond Vagina.*

Rego 19, 1880, 10, in the City

Th... any physician, accoucheur, midwife, or other person in charge, w...  
s... at the birth of any child, within the City of Baltimore, shall report to the Registrar  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38328

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth March 19<sup>th</sup> 1880
4. Place of Birth (Street and Number) 348 Mad Ave
5. Full Name of Mother Julia Sewell Baltimore
6. Mother's Maiden Name Julia Sewell
7. Mother's Birthplace A A Co Md
8. Full Name of Father Samuel A Baltimore
9. Father's Occupation Merchant
10. Father's Birthplace A A Parker Hill A A Co Md
- Name of Medical Attendant, or other Person who makes this Return. [Signature]
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35329

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15, 1880
4. Place of Birth (Street and Number)	539 N. Fayette
5. Full Name of Mother	Kate E. Smith
6. Mother's Maiden Name	Dyott
7. Mother's Birthplace	Maryland
8. Full Name of Father	Rufus F. Smith
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hovel
Address	2 N. Carey St.
Remarks	Very large babe - was delivered with forceps

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

# RETURN OF A BIRTH.

38330

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 19<sup>th</sup>*

4. Place of Birth (Street and Number) *4 Madison St*

5. Full Name of Mother *Mary McFenney*

6. Mother's Maiden Name *" McFadden*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Patrick McKinney*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Dr. Jordan M.D.  
80 Disputant St  
Cal*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

April 1  
707 N. Fayette St.  
Bell Stom  
Medicine

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Balr.  
Wm Stom  
Clerk  
Balr. Co.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. M. Pitom  
251 Mad. An

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38331  $\frac{1}{2}$

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

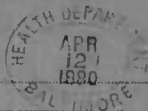
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11. 18. 1880
4. Place of Birth (Street and Number) 1111 North Howard St.
5. Full Name of Mother Mrs. Mary Ann Smith
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father John Smith
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Louis H. Hall
- Address 230 Canton St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28<sup>th</sup> March 1880*
4. Place of Birth (Street and Number) *208 N. Washington St.*
5. Full Name of Mother *Catharina Pote*
6. Mother's Maiden Name *" " Kaiman*
7. Mother's Birthplace *Balta.*
8. Full Name of Father *John Pote*
9. Father's Occupation *Photographer*
10. Father's Birthplace *Balta.*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Rorick*
- Address *50 Parson St.*
- Remarks

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *1st of April*

4. Place of Birth (Street and Number) *Greenmount ave.*

5. Full Name of Mother *Mary Cecily*

6. Mother's Maiden Name *Graham*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *William Cecily*

9. Father's Occupation *Black*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*

Address *26 Cathedral St*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April the 1st*
4. Place of Birth (Street and Number) *No 9 Academy St*
5. Full Name of Mother *Jessie Richter*
6. Mother's Maiden Name *Jessie Treigler*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles Richter*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Treigler*
- Address *No 345 Penna ar*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *April 1/80*

4. Place of Birth (Street and Number) *No. 1 Lombury St*

5. Full Name of Mother *Maria Manning*

6. Mother's Maiden Name *M. Buchanan*

7. Mother's Birthplace *West River*

8. Full Name of Father *Sandy E. Manning*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Essex Va*

Name of Medical Attendant, or other Person who makes this Return. *Mr Schollot Doctor*

Address *No 10 Carlton St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

28536

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 1, 1880

4. Place of Birth (Street and Number)

287 Penna Ave

5. Full Name of Mother

Emma Virginia Hall

6. Mother's Maiden Name

Emma Virginia Monticene

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Monticene Hall

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

T. Daugherty M.D.

Address

178 Penna Ave

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

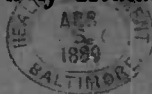


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 1. April
4. Place of Birth, (Street and Number) 60. Market space
5. Full Name of Mother Sara Rosenberg
6. Mother's Maiden Name Linach
7. Mother's Birthplace Poland
8. Full Name of Father Simon Rosenberg
9. Father's Occupation Shoemaker
10. Father's Birthplace Poland
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address 22 E. Lombard
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 1st April
4. Place of Birth, (Street and Number) 234 Kensington
5. Full Name of Mother Est. Fairbank
6. Mother's Maiden Name Travers
7. Mother's Birthplace Balt. Md
8. Full Name of Father John Fairbank
9. Father's Occupation Blank
10. Father's Birthplace Balt. Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Paro Weaver
- Address 52 E. Lombard
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, and it be advised at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 1. April
4. Place of Birth, (Street and Number) 24 Hermanns Alley
5. Full Name of Mother Marie Bert
6. Mother's Maiden Name Hansen
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Bert
9. Father's Occupation Workman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address 52 E. Lombard
- Remarks \_\_\_\_\_



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex (state whether Male or Female)

Female

Race or Color (if not of the white race)

White

Date of Birth

April 1st

1890

Place of Birth (Street and Number)

Canton st

Full Name of Mother

Mary Knight

Mother's Maiden Name

Mary Miller

Mother's Birthplace

Baltimore city

Full Name of Father

Eric Knight

Father's Occupation

Labor

Father's Birthplace

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Knight

Address

No 4 Canton st Canton

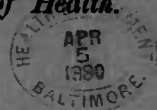
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or participate in the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

— — — — —

3. Date of Birth

1 - April

4. Place of Birth, (Street and Number)

No 41 St. Washington St

5. Full Name of Mother

Agness Schriener

6. Mother's Maiden Name

Meyers

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geo. J. Schriener

9. Father's Occupation

Printer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sophie Schriener

Address

No 20 Greenby St

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Daniel W. Bessie Jr.*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *April 1 1880*

4. Place of Birth, (Street and Number) *350 East Monument St*

5. Full Name of Mother *Alice Virginia Bessie*

6. Mother's Maiden Name *Alice Virginia Gifford*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Daniel W. Bessie*

9. Father's Occupation *Teacher*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this return. *Amanda Gifford*

Address *375 East Monument St*

Remarks

Physician, accoucheur, midwife, or other person in charge, who shall certify at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, in greater, stating distinctly the date of birth, sex, and color of the child or children born, its condition, whether still born or not, the full name, nativity, and residence of the parents, and of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

*April 1st 1880*

4. Place of Birth, (Street and Number)

*76 Leaden hall St*

5. Full Name of Mother

*Catharine Mary*

6. Mother's Maiden Name

*Hammer*

7. Mother's Birthplace

*Balto City*

8. Full Name of Father

*John Fagercast*

9. Father's Occupation

*Laborer*

10. Father's Birthplace

*Balto Md*

Name of Medical Attendant, or other Person who makes this Return.

*J. H. Murray*

Address

*76 Leaden hall St*

Remarks

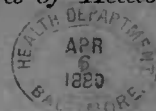
That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, with-  
in the time specified, stating distinctly the date of birth, sex, and color of the child or children born, its  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the  
name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

383411

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 1st, 1880 N.*
4. Place of Birth, (Street and Number) *N. Ann. St. 1927 1/2*
5. Full Name of Mother, *Mae Nash*
6. Mother's Maiden Name, *Mae Willet*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas E. Nash*
9. Father's Occupation, *Sink Cleaner*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Apr. 1st 1880.

4. Place of Birth (Street and Number) 163 W. Lombard St.

5. Full Name of Mother Lizzie Bond.

6. Mother's Maiden Name "

7. Mother's Birthplace Germany.

8. Full Name of Father Unknown

9. Father's Occupation "

10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. Spencer M. Free M.D.

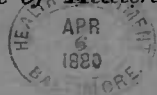
Address Maryland Maternity, 163 W. Lombard St.,

Remarks Balto.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April the 1. 1880*
4. Place of Birth, (Street and Number) *Greenmount. Av. No. 145*
5. Full Name of Mother, *Amalia V.*
6. Mother's Maiden Name, *Amalia Knapp.*
7. Mother's Birthplace, *Balt<sup>y</sup> City*
8. Full Name of Father, *Harold V.*
9. Father's Occupation, *Tavern Keeper*
10. Father's Birthplace, *Balt<sup>y</sup> City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *N. Dallas St. No. 26*

Remarks,

*Maria E. Müller*

And any physician, nurse, or other person who makes this Return, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *female Child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *April The 1-18-90*
4. Place of Birth, (Street and Number) *23 Eorline St St Baltimore md*
5. Full Name of Mother, *Sophia Ellis*
6. Mother's Maiden Name, *Sophia Slaughter*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Harrison Ellis*
9. Father's Occupation, *Soldier*
10. Father's Birthplace, *Sussex County Va*
- Name of Medical Attendant, *Lurinda Woolford*  
or other Person who makes this Return.
- Address, *130 Regisster St Baltimore md*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. 2.*  
 1. Sex (state whether Male or Female) *Female.*  
 2. Race or Color (if not of the white race) *white.*  
 3. Date of Birth *2. 1 April 1880.*  
 4. Place of Birth (Street and Number) *Baltimore O'Donnell St. 64.*  
 5. Full Name of Mother *Christine Reiter*  
 6. Mother's Maiden Name *Müller*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Jacob Reiter*  
 9. Father's Occupation *Carver.*  
 10. Father's Birthplace *Prussia.*  
 Name of Medical Attendant, or other Person who makes this Return. *A. Simmes O'Donnell St. 41.*  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7th  
Male

April 12th 1880  
73 McKim St.  
Bridget Hard.

German  
Ireland.  
Hugh Hard.  
Bread Finer  
Ireland

Edward P. McNeill  
138 N. Egle St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Thursday April 1st 1880*

4. Place of Birth (Street and Number) *315 Central Ave*

5. Full Name of Mother *Fannie Thompson*

6. Mother's Maiden Name *Fannie Bliggard*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James Thompson*

9. Father's Occupation *Colork*

10. Father's Birthplace *Accomack Co Va*

Name of Medical Attendant, or other Person who makes this Return. *William Brinton M.D.*

Address *25 1/2 Greenmount Ave*

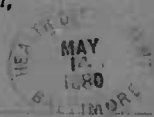
Remarks *"Vertex Presentation"*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35351

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

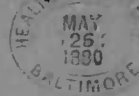


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth April 1-1880 Striever St. 1 ch. of Harlan  
4. Place of Birth (Street and Number) \_\_\_\_\_  
5. Full Name of Mother Hettie A. Stone  
6. Mother's Maiden Name Ketchum  
7. Mother's Birthplace Balto. Md.  
8. Full Name of Father William Stone  
9. Father's Occupation Salesman  
10. Father's Birthplace Balto. Md.  
Name of Medical Attendant, or other Person who makes this Return. John T. King, M.D.  
Address 76 Edmondson Ave  
Remarks \_\_\_\_\_

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st Apr. 80
4. Place of Birth, (Street and Number) 209 George St.
5. Full Name of Mother, Minnie Smith
6. Mother's Maiden Name, Ashton
7. Mother's Birthplace, Ind
8. Full Name of Father, John S. Smith
9. Father's Occupation, Salesman
10. Father's Birthplace, Balt
- Name of Medical Attendant, H. W. Oving  
or other Person who makes this Return.
- Address, 274 Madison
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April the 9, 1880

4. Place of Birth, (Street and Number)

379 W. Pratt St

5. Full Name of Mother,

Mary Harle

6. Mother's Maiden Name,

Mary Sampson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles W. Harle

9. Father's Occupation,

Stonecutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sebach

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Apr. 2. 1880
4. Place of Birth, (Street and Number) St. Valentine 42
5. Full Name of Mother Mary Ann
6. Mother's Maiden Name Lehman
7. Mother's Birthplace Prussia
8. Full Name of Father John W. Lehn
9. Father's Occupation Steamer
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this return. Wm. C. Brown
- Address St. Valentine 42
- Remarks Wm. C. Brown

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 2 d. 1880
4. Place of Birth, (Street and Number) 164 n. Karolinska
5. Full Name of Mother Wilhelmine Loms
6. Mother's Maiden Name Wilhelmine Schaefer
7. Mother's Birthplace New York City
8. Full Name of Father Julius Loms
9. Father's Occupation Cabinetmaker
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 S. Bond St.
- Remarks \_\_\_\_\_



# RETURN OF A BIRTH, 35356

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

HEALTH  
APR  
10  
1880

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth April 2 1880
4. Place of Birth, (Street and Number) Room 50 Clifford St
5. Full Name of Mother Amanda Le Hardier
6. Mother's Maiden Name Amanda Le Hardier
7. Mother's Birthplace Baltimore County
8. Full Name of Father Le Hardier
9. Father's Occupation Le Hardier
10. Father's Birthplace Pittsburgh Pa
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address 115 Anne Le Hardier & Co. Draper
- Remarks \_\_\_\_\_

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and the name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *April 2<sup>d</sup> 1880.*  
4. Place of Birth (Street and Number) *No. 10 N. Calver St.*  
5. Full Name of Mother *Ida O. Hunsicker, Vansant*  
6. Mother's Maiden Name *Ida O. Hunsicker,*  
7. Mother's Birthplace *Maryland.*  
8. Full Name of Father *James M. Vansant*  
9. Father's Occupation *Clark*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *D. H. Horck M.D.*  
Address *75 E. Baltimore St.*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or they shall also state the physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *24 April 1880*

4. Place of Birth (Street and Number) *586 Harmon St*

5. Full Name of Mother *Ramie E. Cash*

6. Mother's Maiden Name *" " Ross*

7. Mother's Birthplace *Massachusetts*

8. Full Name of Father *John H. Cash*

9. Father's Occupation *Bookbinder*

10. Father's Birthplace *New York*

• Name of Medical Attendant, or other Person who makes this Return. *A. M. Dodge, M.D.*

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April the 2, 1880*
4. Place of Birth, (Street and Number) *Eastern Av. No. 94.*
5. Full Name of Mother, *Elizabeth Sokel*
6. Mother's Maiden Name, *Elisabeth Heintzmann*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Eduard Sokel*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *N. Dallas St. No. 26.*

Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race, or Color (if not of the white race) *white*  
 3. Date of Birth *April 2/80*  
 4. Place of Birth (Street and Number) *81 S. Duncan Alley*  
 5. Full Name of Mother *Kate Vogel*  
 6. Mother's Maiden Name *" Smith*  
 7. Mother's Birthplace *Balt. city*  
 8. Full Name of Father *John Vogel*  
 9. Father's Occupation *Porter*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return *Dr. B. W. Mansfield*  
 Address *117 S. Broadway*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

39361

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 10th 1880

4. Place of Birth, (Street and Number)

594. W. Broadway

5. Full Name of Mother

Catherine Maria Meyer

6. Mother's Maiden Name

Peacock

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George Washington Meyer

9. Father's Occupation

Collector

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

D. Williams M.D.

Address

300 Meyer (Caroline) St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

383621

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Eighth*

1. Sex (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth

*April 15 1880*

4. Place of Birth, (Street and Number)

*11. W. Durham St*

5. Full Name of Mother

*Mary Reichelt*

6. Mother's Maiden Name

*Schub*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*Frederick Wad Reichelt*

9. Father's Occupation

*Dyer*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Dr. Selman M. M.*

Address

*1000 N. Carroll St*

Remarks

*[Signature]*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child & children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38363

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one Mother*
1. Sex, (state whether male or female) *male Child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *Feb the 2-18-90*
4. Place of Birth, (Street and Number) *86 Sterling St Baltimore Md*
5. Full Name of Mother, *Francis Jones*
6. Mother's Maiden Name, *Francis White*
7. Mother's Birthplace, *Baltimore County Md*
8. Full Name of Father, *David Jones*
9. Father's Occupation, *Labor*
10. ~~Father's Birthplace,~~ *Hampton County Va*
- Name of Medical Attendant, *or other Person who* *Lucinda Woolford*  
*makes this Return.*
- Address, *130 W Regester St Baltimore Md*
- Remarks, \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

HEALTH DEPARTMENT  
APR 26 1880  
BALTIMORE  
38364

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 20 1880*
4. Place of Birth (Street and Number) *Patterson Ave near Mount St. Louis*
5. Full Name of Mother *Emma Augusta Bennett*
6. Mother's Maiden Name *Emma Augusta Silence*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Levis T. Bennett*
9. Father's Occupation *Telegrapher*
10. Father's Birthplace *Frederic City*
- Name of Medical Attendant, or other Person who makes this Return. *W. A. Wheeler M. D.*
- Address *284 N. Fayette St.*
- Remarks

HEALTH DEPARTMENT  
APR 26 1880  
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

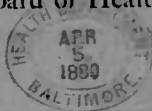


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 16 child*
1. Sex (state whether male or female) *the male*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *131 full street*
4. Place of Birth (Street and Number) *2 april*
5. Full Name of Mother *Mary Harris*
6. Mother's Maiden Name *Mary Haday*
7. Mother's Birthplace *Baltimore M. D.*
8. Full Name of Father *Sam Haday*
9. Father's Occupation *Bricks make*
10. Father's Birthplace *Baltimore M. D.*
- Name of Medical Attendant, or other Person who makes this Return. *Miller Gross*
- Address *181 yark street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 2<sup>nd</sup>*  
 4. Place of Birth (Street and Number) *Mc Elderry St. No. 307*  
 5. Full Name of Mother *Rebecca Johnson*  
 6. Mother's Maiden Name *Rebecca Mitchell*  
 7. Mother's Birthplace *Bermuda Island*  
 8. Full Name of Father *Marion Robinson*  
 9. Father's Occupation *Bricklayer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this return *Henrietta Gleason*  
 Address *No. 307 Mc Elderry St. East*  
 Remarks *They are doing well*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth April 2nd 1880
4. Place of Birth, (Street and Number) No 44 Barry St
5. Full Name of Mother Sophie Linkmeyer
6. Mother's Maiden Name Holk
7. Mother's Birthplace America
8. Full Name of Father Henry Linkmeyer
9. Father's Occupation Boymaker
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Longpasser midwife
- Address 330 Hanover St.
- Remarks \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st child  
Female

April 2nd 1880

No. 44 Barclay St

Sophie Glinkiewicz

Holk

America

Henry Glinkiewicz

Boymaker

America

J. Goppasser midwife  
330 Hanover St.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth April 2nd 1880  
 4. Place of Birth, (Street and Number) 308, Hanover St.  
 5. Full Name of Mother Sarah Spurray  
 6. Mother's Maiden Name Skinner  
 7. Mother's Birthplace America  
 8. Full Name of Father Edward Spurray  
 9. Father's Occupation Laborer  
 10. Father's Birthplace America  
 Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife  
 Address 330 Hanover St.  
 Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup> Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

April 2, 1880

4. Place of Birth, (Street and Number)

2364 Sharp St.

5. Full Name of Mother

Albany Spencer

6. Mother's Maiden Name

Dimmery

7. Mother's Birthplace

Germany

8. Full Name of Father

Gustav Fischer

9. Father's Occupation

Teacher

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

J. Schepasch midwife

Address

330 Hanover St.

Remarks

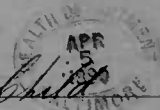
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth April 2 - 1880
4. Place of Birth, (Street and Number) No 82 Spadenhall st
5. Full Name of Mother Augusta Martin
6. Mother's Maiden Name Jeme
7. Mother's Birthplace Germany
8. Full Name of Father Leopold St. Martin
9. Father's Occupation Cooper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Leppasier midwife
- Address 330 Hanover st.
- Remarks \_\_\_\_\_





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38371

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Twelve*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *April 2d*

4. Place of Birth (Street and Number) *Wm St 214*

5. Full Name of Mother *Catherine Johnson*

6. Mother's Maiden Name *Price*

7. Mother's Birthplace *Anna Frederickson Md*

8. Full Name of Father *John Henry Johnson*

9. Father's Occupation *Labour*

10. Father's Birthplace *Prince Georges Co Md*

Name of Medical Attendant, or other Person who makes this Return. *H. Dr. Smith*

Address *108 H St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

64  
Male  
White  
Apr 2 - 1880  
188 Madison Ave  
Anna E Seim  
Bright  
Berks Co Pa  
Henry E Seim  
Printer  
Baltimore Md  
Dr. Green M.D.  
By M. H. H. H.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Male healthy
2. Race or Color, (if not of the white race) white
3. Date of Birth born on the 2nd of April 1880
4. Place of Birth, (Street and Number) 14 Browns Lane
5. Full Name of Mother Augusta Henry M. Henry
6. Mother's Maiden Name St. Paul
7. Mother's Birthplace Sachsen Germany
8. Full Name of Father Charles Henry
9. Father's Occupation has shoes
10. Father's Birthplace Germany
- Name of Medical Attendant, or other person who makes this Return. Miss Miller
- Address 1017 Pratt St.
- Remarks \_\_\_\_\_

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the father's name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

HEALTH DEPARTMENT  
APR 5 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 2<sup>nd</sup> 1880
4. Place of Birth, (Street and Number) 377 Canton Avenue
5. Full Name of Mother En Margaret Roeder
6. Mother's Maiden Name Reutz
7. Mother's Birthplace Germany
8. Full Name of Father John Roeder
9. Father's Occupation Barber
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Report. James E. H. Hancock
- Address 68 S. Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

APR 13 1890  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Color*

3. Date of Birth *2 Dec 186*

4. Place of Birth (Street and Number) *Ward 2*

5. Full Name of Mother *Elen Coley*

6. Mother's Maiden Name *Elen London*

7. Mother's Birthplace *Dorchester County Md*

8. Full Name of Father *William Gordon*

9. Father's Occupation *laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Dr. Wm J. Wilson*

Address *252 N. E. St*

Remarks

That any Physician, accoucheur, midwife, or other person at whose house a child is born, or who is present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)...

Girl  
Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 2 - 1880

4. Place of Birth, (Street and Number)

57 Burgundy Alley

5. Full Name of Mother,

Mary Fletcher

6. Mother's Maiden Name,

Armstrong

7. Mother's Birthplace,

Bacon

8. Full Name of Father,

David Fletcher

9. Father's Occupation,

(Mailman)

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Gray Smith

Address,

137 Mc Culloch St.

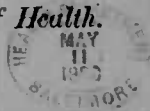
Remarks,

Mrs. Richardson

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether male or female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 4. 3. 00

4. Place of Birth (Street and Number) 12 Rice St

5. Full Name of Mother Eliy Grooms

6. Mother's Maiden Name Grooms

7. Mother's Birthplace Howard Co

8. Full Name of Father W

9. Father's Occupation W

10. Father's Birthplace W

Name of Medical Attendant, or other Person who makes this Return. W. C. Grooms

Address 349 Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color (~~if not of the white race~~) \_\_\_\_\_
3. Date of Birth *April 31st* \_\_\_\_\_
4. Place of Birth (Street and Number) *Greenhall St. 74* \_\_\_\_\_
5. Full Name of Mother *Green Beck* \_\_\_\_\_
6. Mother's Maiden Name *Wunderlich* \_\_\_\_\_
7. Mother's Birthplace *German* \_\_\_\_\_
8. Full Name of Father *John Beck* \_\_\_\_\_
9. Father's Occupation *Sealenshall Sta. Shoemaker* \_\_\_\_\_
10. Father's Birthplace *German* \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. *W. W. Paul* \_\_\_\_\_
- Address *42 Greenhall St* \_\_\_\_\_
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 3rd 1880.
4. Place of Birth, (Street and Number) No 147 St. Eden St.
5. Full Name of Mother Mary Burgerding.
6. Mother's Maiden Name " Balt. Lager.
7. Mother's Birthplace Baltimore
8. Full Name of Father Ernest Burgerding
9. Father's Occupation Iron Moulder
10. Father's Birthplace Baltimore.
- Name of Medical Attendant, or other Person who makes this return. Mrs. M. J. Butt.
- Address No. 185 S.E. cor. Central av. Monument St.
- Remarks All Well.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth April 22d 1880.
4. Place of Birth, (Street and Number) No 299. Harding St.
5. Full Name of Mother R. Sharp
6. Mother's Maiden Name Lawrence
7. Mother's Birthplace Howard County
8. Full Name of Father W. Sharp
9. Father's Occupation Doctor
10. Father's Birthplace Baltimore
- Name of Medical Attendant or other Person who makes this Return. Wm. H. A. Bell
- Address No 155. S. E. cor. Central av & Monument St.
- Remarks All Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

April 3<sup>d</sup>

4. Place of Birth (Street and Number)

91 Hillman St

5. Full Name of Mother

Margaret Gray

6. Mother's Maiden Name

" Wace

7. Mother's Birthplace

Balt<sup>o</sup> Co

8. Full Name of Father

J. T. Gray

9. Father's Occupation

Labourer

10. Father's Birthplace

Balt<sup>o</sup> City

Name of Medical Attendant, or other Person who makes this Return.

J. J. [Signature] M.D.

Address

80 Niagara St

Remarks

age

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

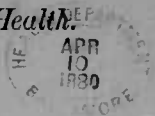


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Female
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth April 3 1901
4. Place of Birth (Street and Number) Baltimore No. 29 W. Baltimore St
5. Full Name of Mother Mrs. Eleanor Ebenhack
6. Mother's Maiden Name Mrs. Eleanor Hoffmann
7. Mother's Birthplace St. Clairsville Bedford Co Pa
8. Full Name of Father Mr. Christopher Ebenhack
9. Father's Occupation Tailor
10. Father's Birthplace Bavarian
- Name of Medical Attendant, or other Person who makes this Return. Lawson D. J. 3 Ebenhack
- Address 1626 E. Lombard St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 3 1880*
4. Place of Birth (Street and Number) *No 222 1st street*
5. Full Name of Mother *Rose Strickling*
6. Mother's Maiden Name *Rose Hoffman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jesse Strickling*
9. Father's Occupation *labourer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Anderson*
- Address *No 10 Elys St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *1st April*

4. Place of Birth (Street and Number) *40 Barnes St.*

5. Full Name of Mother *Margaretta Bunkel*

6. Mother's Maiden Name *" Wagner*

7. Mother's Birthplace *Germany*

8. Full Name of Father *John Bunkel*

9. Father's Occupation *Bookman*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Josephine Kead*

Address *20 Barnes St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth April 3d 1880
4. Place of Birth, (Street and Number) 64 Madery alley
5. Full Name of Mother Kate Mueller
6. Mother's Maiden Name " Minnick
7. Mother's Birthplace City
8. Full Name of Father John Mueller
9. Father's Occupation Laborer
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this return. Mrs Elizabeth Betty
- Address 255 Canton Ave
- Remarks \_\_\_\_\_

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

April 3<sup>rd</sup> 1880.

4. Place of Birth, (Street and Number)

150 Townsend St

5. Full Name of Mother

Grace Ann Baerard

6. Mother's Maiden Name

Freeman

7. Mother's Birthplace

Leicester Mass

8. Full Name of Father

Medville Ballard

9. Father's Occupation

Educator (Mute)

10. Father's Birthplace

Maine

Name of Medical Attendant, or other Person who makes this return.

J. H. [Signature]

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 3<sup>rd</sup> 1880

4. Place of Birth (Street and Number)

181 N. Carey St.

5. Full Name of Mother

Mrs. Rose Bagwell Tyler

6. Mother's Maiden Name

Walston

7. Mother's Birthplace

Accomac Co. H. Va.

8. Full Name of Father

John Severn Tyler

9. Father's Occupation

Travelling Salesman

10. Father's Birthplace

Accomac Co. H. Va.

Name of Medical Attendant, or other Person who makes this Return.

Wm. W. Murray

Address

Remarks

Layette & Fremont St.



THE RECORDS OF THE CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 3<sup>rd</sup> of April 1880

4. Place of Birth (Street and Number) 443 Baltimore St

5. Full Name of Mother Elizabeth Wagner

6. Mother's Maiden Name Brantrott

7. Mother's Birthplace Baltimore

8. Full Name of Father Martin Wagner

9. Father's Occupation Gunmanufactory

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address No 12 Patterson Park

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth  
Female  
White

7. April 3<sup>rd</sup>  
West Baltimore  
Bertha Sinclair  
Loizze Taylor  
Baltimore  
Williams Sinclair  
Moate  
Baltimore  
James Castor  
63. Davis



38257

Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st

Male

Colored

Apr. 3d 1880

36 Morris st.

Annie Eggle

Smith

(Baltimore probably.)

Alexander Earle

Ragman

Baltimore

Eldridge C. Price M.D.

262 Madison Ave.

~~The woman was delivered~~

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex, (state whether male or female) *Female,*  
 2. Race or Color, (if not of the white race)   
 3. Date of Birth, *April 3. 1880*  
 4. Place of Birth, (Street and Number) *140 S. Cent. Ave.*  
 5. Full Name of Mother, *Ellen Berninghaus*  
 6. Mother's Maiden Name, *Seely*  
 7. Mother's Birthplace, *Kings Co. Ireland,*  
 8. Full Name of Father, *John Berninghaus*  
 9. Father's Occupation, *Ice business*  
 10. Father's Birthplace, *Kings Co. Ireland,*  
 Name of Medical Attendant, or other Person who makes this Return. *W. H. Lusk M. D.*  
 Address, *Balt. & Wash. Sts.*  
 Remarks, *Shoulder Presentation - version - still birth.*

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 3<sup>rd</sup> 1880

4. Place of Birth, (Street and Number) 393 Lenox Ave

5. Full Name of Mother Eleanor Virginia Dunn

6. Mother's Maiden Name Rank

7. Mother's Birthplace Balto. City Md.

8. Full Name of Father Geo. W. Dunn

9. Father's Occupation Dispatcher N. E. R. W.

10. Father's Birthplace Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Morrison M. D.

Address 431 Lenox Ave

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Negro*

3. Date of Birth *April 3d 1880*

4. Place of Birth (Street and Number) *21 Chestnut st.*

5. Full Name of Mother *Mary E. Johnston*

6. Mother's Maiden Name *Pearson*

7. Mother's Birthplace *Eastern Shore Md.*

8. Full Name of Father *John Johnston*

9. Father's Occupation *Trailer*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *A. B. Gardner M. D.*

Address *120 N. Greene St.*

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Apr 2nd 1880*  
4. Place of Birth (Street and Number) *253 S. Fremont St*  
5. Full Name of Mother *Lda E. Franklin*  
6. Mother's Maiden Name *Jha E. Gray*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Genl P. Franklin*  
9. Father's Occupation *Cigar Maker*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *Theodore Becker M.D.*  
Address *146 N. Union St*  
Remarks

353711

APR 1880  
BALTIMORE



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

25395.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2, S.*  
 1. Sex (state whether Male or Female) *Male Infant.*  
 2. Race or Color (if not of the white race) *white.*  
 3. Date of Birth *3 April 1880.*  
 4. Place of Birth (Street and Number) *Baltimore Potomac A. 4.*  
 5. Full Name of Mother *Anna Marie Heller*  
 6. Mother's Maiden Name *Merket*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Johann Heller*  
 9. Father's Occupation *Glazier*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *A. Rimmer.*  
 Address *O'Donnell St. 21.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 2nd 1880*  
 4. Place of Birth (Street and Number) *40 Bird St*  
 5. Full Name of Mother *Anne M M Behrman*  
 6. Mother's Maiden Name *Anne M M Cowholdt*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *John L. A Behrman*  
 9. Father's Occupation *Sailor*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*  
 Address *146 Sanborn St*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*Six Children*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*White*

*White April 8<sup>th</sup> 1880*

*Hillm No 49*

*Adelaide McLister*

*Adelaide Love*

*England*  
*William Duncan McLister*  
*Cass Fitter*

*Baltimore*

*Carl Wagner*

*18 Bequith St*

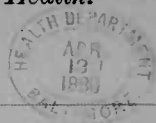


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 2nd

4. Place of Birth (Street and Number)

4148 E. Lombard St.

5. Full Name of Mother

Mary Leger Pincus

6. Mother's Maiden Name

Mary Leger Pincus

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Pincus

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edwin C. Thompson

Address

568 West Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) African
3. Date of Birth April 3
4. Place of Birth (Street and Number) 104 York street
5. Full Name of Mother Alice Walters
6. Mother's Maiden Name Alice Redy
7. Mother's Birthplace Virginia
8. Full Name of Father Henry Walters
9. Father's Occupation labor
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Julia A Johnson
- Address 400 West Street
- Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*First  
Female*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

*April 30 1880*

4. Place of Birth (Street and Number)

*504 N. E. Ave.  
Harriet Jones  
Charles Brady*

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

*Baltimore,  
Wm Jones  
Caterer*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

*Baltimore,  
Samuel Jones  
No 27 Asguth*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 3, 1880*
4. Place of Birth (Street and Number) *419 N. Belmont St*
5. Full Name of Mother *Ellen Lyons*
6. Mother's Maiden Name *Roman*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Timothy Lyons*
9. Father's Occupation *Brick*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Marbury Brewster M.D.*
- Address *68 W. Calvert Street*
- Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Apr 3 '88*
4. Place of Birth (Street and Number) *221 Linnells St.*
5. Full Name of Mother *Emma L. Meekins*
6. Mother's Maiden Name *Emma L. Mc Connell*
7. Mother's Birthplace *Ind*
8. Full Name of Father *William A. Meekins*
9. Father's Occupation *Printer*
10. Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return. *Attling*
- Address *849 N. Green St.*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 4<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *104 Patterson Avenue*

5. Full Name of Mother *Elara E. Englar*

6. Mother's Maiden Name *" Shriver*

7. Mother's Birthplace *Carroll County, Maryland*

8. Full Name of Father *Elayton H. Englar*

9. Father's Occupation *Salesman*

10. Father's Birthplace *Carroll County, Maryland*

Name of Medical Attendant, or other Person who makes this Return. *J. Bibbings M.D.*

Address *47 Edmondson Ave*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *April 7 1880*

1. Sex (state whether male or female)

2. Race or ~~Color~~ (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

MAY 3 1880  
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 4th April 1886

4. Place of Birth, (Street and Number) N 9 cor. Charles & West

5. Full Name of Mother Margaret Muller

6. Mother's Maiden Name Mc Intire

7. Mother's Birthplace Balt.

8. Full Name of Father James Muller

9. Father's Occupation Seaman

10. Father's Birthplace Ida

Name of Medical Attendant, or other Person who makes this Return. Dr. Metcalf M.D.

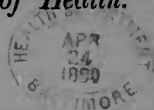
Address 57 Bannek

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 na  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth April 24th 1880  
 4. Place of Birth, (Street and Number) S. Hill  
 5. Full Name of Mother Eugenia Miller  
 6. Mother's Maiden Name " " " "  
 7. Mother's Birthplace Balt. City  
 8. Full Name of Father James H. Miller  
 9. Father's Occupation Black  
 10. Father's Birthplace Dorchester, Mass  
 Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. H. H.  
 Address 183 S. E. St.  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 4 April

4. Place of Birth, (Street and Number) 248 E. Pratt Street

5. Full Name of Mother Kalaja Müller

6. Mother's Maiden Name Rapies

7. Mother's Birthplace Baltimore

8. Full Name of Father John Rapies

9. Father's Occupation

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie Güttnow

Address Wolfe Street 245.

Remarks

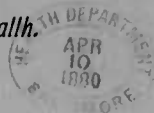


Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *Apr. 4*  
4. Place of Birth (Street and Number) *Leimington near Tremont*  
5. Full Name of Mother *Rebecca Sandstrubh*  
6. Mother's Maiden Name *Sonnehilo*  
7. Mother's Birthplace *Balt.*  
8. Full Name of Father *Max Sandstrubh*  
9. Father's Occupation *Merchant*  
10. Father's Birthplace *Washington*  
Name of Medical Attendant, or other Person who makes this Return. *J. M. Smith*  
Address *257 Mad. Am.*  
Remarks

*Direct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

RECEIVED  
AT THE  
10  
1890

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 9th 1890*
4. Place of Birth (Street and Number) *No 32 Hughes St*
5. Full Name of Mother *Mary E Gerking*
6. Mother's Maiden Name *Mary E Hartless*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John A Gerking*
9. Father's Occupation *labourer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E Anderson*
- Address *No 10 Abys Street*
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 4th 1880*
4. Place of Birth (Street and Number) *146 Hayford Avenue*
5. Full Name of Mother *Martha A. Standaford*
6. Mother's Maiden Name *Martha A. McKeethy*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James M. Standaford*
9. Father's Occupation *Cigar Transp. Co.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. B. Reynolds*
- Address *432 N. Calver St.*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
- Sex (state whether ~~male~~ or female)
  - Race or Color, (if not of the white race)
  - Date of Birth *April 4<sup>th</sup> 1880*
  - Place of Birth, (Street and Number) *86 State St*
  - Full Name of Mother *Hannah Goldman*
  - Mother's Maiden Name *Ray Keon*
  - Mother's Birthplace *State St*
  - Full Name of Father *Edward Goldman*
  - Father's Occupation *Life Insurance Agent*
  - Father's Birthplace *Europe*
  - Name of Medical Attendant, or other Person who makes this return. *J. H. Huxley*
  - Address *76 State St*
  - Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *4th of April*
4. Place of Birth (Street and Number) *Mulberry St No 165*
5. Full Name of Mother *Mary Steward*
6. Mother's Maiden Name *Mary Walker*
7. Mother's Birthplace *Anne Arundel County*
8. Full Name of Father *Charles Steward*
9. Father's Occupation *Cyster Shipper*
10. Father's Birthplace *Anne Arundel County*
- Name of Medical Attendant, or other Person who makes this Return. *Sidney Lockman*
- Address *41 McElderry St extended*
- Remarks

# **NOTICE**

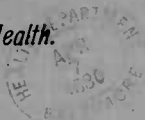
The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

(state whether Male or Female)

Male

or Color (if not of the white race)

White

of Birth

April 4th

1890

of Birth (Street and Number)

Longview street

Name of Mother

Mary C Knight

her's Maiden Name

Mrs Schrock

her's Birthplace

Baltimore city

Name of Father

Phoe J Knight

her's Occupation

Label

her's Birthplace

Baltimore city

me of Medical Attendant, or other Person who makes this Return.

Elizabeth Knight  
No. 4 Clinton st Balto County

dress

marks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *wht*
3. Date of Birth *April 4. 1880*
4. Place of Birth (Street and Number) *195 N. Calvert St*
5. Full Name of Mother *Ellen E. J. Lanahan*
6. Mother's Maiden Name *" " " Gordon*
7. Mother's Birthplace *Ind*
8. Full Name of Father *John W. Lanahan*
9. Father's Occupation *clerk at P. O.*
10. Father's Birthplace *Va*
- Name of Medical Attendant, or other Person who makes this Return. *G. Lane Tanyshue*
- Address *129 W. Biddle St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Twins; 1st Confinement*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 4 - 10:30 A.M. 1883*
4. Place of Birth (Street and Number) *L.H. Co. M. & S. Street Ets.*
5. Full Name of Mother *Matie Barlow*
6. Mother's Maiden Name *Byer*
7. Mother's Birthplace *Port Deposit,*
8. Full Name of Father *Samuel Barlow*
9. Father's Occupation *Grocer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. McLaughlin, M.D.*
- Address *A.E. Co. Columbia Ave & Fremont Street.*
- Remarks *Both children in good physical & living.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth April 11 - 1880
4. Place of Birth, (Street and Number) No 225 Jefferson Street
5. Full Name of Mother Emily M. Williams
6. Mother's Maiden Name Emily M. Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward D. Williams
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary A. Howell
- Address 286 N. Long St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *4th April*
4. Place of Birth (Street and Number) *10 E. Baltimore St*
5. Full Name of Mother *Theresa Mueller*
6. Mother's Maiden Name *Theresa Mueller*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Simon Mueller*
9. Father's Occupation *Sanitary*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Anne Lindner*
- Address *175 S. Monroe St*
- Remarks



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

first  
female  
white  
April 4th 80  
25 S. Euterot St.  
Emma  
Reinke  
Baltimore  
Henry Daiker  
Upholsterer  
Baltimore  
Dr. Smith M.D.  
108 S. Sharp St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sunday 4<sup>th</sup> of April
4. Place of Birth, (Street and Number) No 33 North Avily St.
5. Full Name of Mother Jane A. Liguani
6. Mother's Maiden Name Jane A. Mc Gowan
7. Mother's Birthplace Baltimore City
8. Full Name of Father James H. Liguani
9. Father's Occupation Blackman
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Lucas, Sherris
- Address 21 of Poppaton St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. rather snottelen
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *4. 11* ~~11. 11~~
4. Place of Birth, (Street and Number) *West river*
5. Full Name of Mother, *richel snottelen*
6. Mother's Maiden Name, *richel harris*
7. Mother's Birthplace, *N. 8. Laurel St*
8. Full Name of Father, *Hill snottelen*
9. Father's Occupation, *car*
10. Father's Birthplace, *car haffer*
- Name of Medical Attendant, or other Person who makes this Return. *N. 57. hamstead St*
- Address,
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *American*

3. Date of Birth *4th April*

4. Place of Birth (Street and Number) *139 Howard Street*

5. Full Name of Mother *Louise Stutz*

6. Mother's Maiden Name *Smith*

7. Mother's Birthplace *Balt. Md.*

8. Full Name of Father *Wilhelm Stutz*

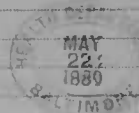
9. Father's Occupation *Superior*

10. Father's Birthplace *Baden*

Name of Medical Attendant, or other Person who makes this Return. *Mrs R. Elbig*

Address *218 S. Hallard*

Remarks



**REG. RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Second (2nd)*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 2<sup>d</sup> 1880*

4. Place of Birth (Street and Number) *No 51 Parkin St*

5. Full Name of Mother *Eda Ringard*

6. Mother's Maiden Name *W. Mason*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *George Ringard*

9. Father's Occupation *Wagon*

10. Father's Birthplace *City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. W. Blane M.D.*

Address *133 So. 1<sup>st</sup> St.*

Remarks

381123



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

384211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth April 4  
 4. Place of Birth, (Street and Number) Loaf St 81  
 5. Full Name of Mother Margrete Kuns  
 6. Mother's Maiden Name Reilbach  
 7. Mother's Birthplace Erlenbach & Bergen  
 8. Full Name of Father Peter Kuns  
 9. Father's Occupation Taylor  
 10. Father's Birthplace Largens of Bremen  
 Name of Medical Attendant, or other Person who makes this Return. Ms Gumbler  
 Address 60 Schrote  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth April 5<sup>th</sup>
4. Place of Birth, (Street and Number) No 534 Gay St.
5. Full Name of Mother Mary Lizzie Broring
6. Mother's Maiden Name Soeller
7. Mother's Birthplace Germany
8. Full Name of Father L. H. Broring
9. Father's Occupation Apocemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 70 Grant St.
- Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 4<sup>th</sup>
4. Place of Birth, (Street and Number) 412 Samuel St.
5. Full Name of Mother Mary Ann Smith
6. Mother's Maiden Name MacNolan
7. Mother's Birthplace Baltimore
8. Full Name of Father John Smith
9. Father's Occupation Iron mold moulder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simpson
- Address 4270 Granby St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

55198

## BALTIMORE CITY.

7. Child

1624

at 5th. 880

April 5<sup>th</sup> 1880

at No. East corner Kendall & Hanover

Roberta Sprague

Abkall

Курманов.

William Brandegee

Store Receipt

Myself.

*G. Gophaster midwife*

330 Hanover St.

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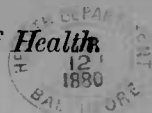
**Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38428 1/2

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



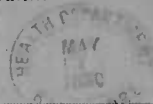
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 5.1 August 1880
4. Place of Birth (Street and Number) 2. North Ave / 300
5. Full Name of Mother Johny Ann House
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Johny Ann House
9. Father's Occupation carriage
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Smith
- Address 230 Madison St
- Remarks

Report of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *"*
3. Date of Birth *10th of April*
4. Place of Birth (Street and Number) *Howard St. 274*
5. Full Name of Mother *Catharine England*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *German*
8. Full Name of Father *Christian England*
9. Father's Occupation *Spec. mch.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Charles H. Gray*
- Address. *369 Cathedral St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38430

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) (2)
- Sex (state whether Male or Female) *Male Child*
  - Race or Color (if not of the white race) *Colored*
  - Date of Birth *April 5*
  - Place of Birth (Street and Number) *No 6 Peach ally City*
  - Full Name of Mother *Mary E. Ricks*
  - Mother's Maiden Name *x x x same*
  - Mother's Birthplace *Tolbert Co. N.C.*
  - Full Name of Father *John W. Mackery*
  - Father's Occupation *carpenter*
  - Father's Birthplace *Tolbert Co. N.C.*



1770

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

*Emilie Hughes No 6 Peach ally*

*none*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

April 5, 1880

38 D. Exeter St

Mariah C. Blades

Baltimore

John M. Blades

Line Merchant

Eastern Shore

W. H. White, M.D.

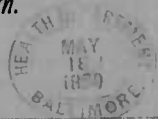
341 N Broadway

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth child*

1. Sex (state whether *Male* or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *W* \_\_\_\_\_
3. Date of Birth *April 5 1881* \_\_\_\_\_
4. Place of Birth (Street and Number) *287 N Calvert St* \_\_\_\_\_
5. Full Name of Mother *Melrose Attalunice* \_\_\_\_\_
6. Mother's Maiden Name *Melrose Bone* \_\_\_\_\_
7. Mother's Birthplace *W* \_\_\_\_\_
8. Full Name of Father *Saml Bone* \_\_\_\_\_
9. Father's Occupation *Mechanic* \_\_\_\_\_
10. Father's Birthplace *W* \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

38433



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

Boy Colored Child

2. Race or Color (if not of the white race)

3. Date of Birth

on Tuesday 6-1880

4. Place of Birth (Street and Number)

24 Stockton alley

5. Full Name of Mother

Charlotte

6. Mother's Maiden Name

Brent-

7. Mother's Birthplace

Garbhart County

8. Full Name of Father

Dulaney Brent-

9. Father's Occupation

Waiter

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mid Wife Cordelia Jones

Address

Remarks

236 Vine st-



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Ninth*

1. Sex, (state whether male or female)

*female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*April 5<sup>th</sup> 1890*

4. Place of Birth, (Street and Number)

*58 Whitcomb St*

5. Full Name of Mother,

*Mary E. Durbous*

6. Mother's Maiden Name,

*Mary E. Harp*

7. Mother's Birthplace,

*Baltimore Md*

8. Full Name of Father,

*Columbus R. Durbous*

9. Father's Occupation,

*Bricklayer*

10. Father's Birthplace,

*Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Deabouck 439 W Pratt*

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth 127 St. Fulton St.
4. Place of Birth, (Street and Number) April 5<sup>th</sup> 80
5. Full Name of Mother Hermietta Spilman
6. Mother's Maiden Name Hermietta Schorfe
7. Mother's Birthplace Baltimore
8. Full Name of Father Louise Spilman
9. Father's Occupation Salesman
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Rob
- Address 328 S. Euter St.
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



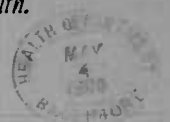
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth 5th April
4. Place of Birth, (Street and Number) No 81 and Rutledge st
5. Full Name of Mother Mrs Kate Henry
6. Mother's Maiden Name Miss Kate Phister
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joseph M. Henry
9. Father's Occupation Super Manager
10. Father's Birthplace Baltimore City
- Name of Medical Attendant or other Person who makes this Return. Susan Huntington
- Address 21 of Poppleton
- Remarks

Correct Registrations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

April 5-4-1888

4. Place of Birth (Street and Number)

No 212 N Bond St

5. Full Name of Mother

Mary L. Schaefer

6. Mother's Maiden Name

" " Dowd

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Florence Schaefer

9. Father's Occupation

Stone Cutter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who make this Return.

W. L. Russell

Address

1200 Broadway Madison St

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

5th April 1892

23 S. Spring St.

Lizzie B. Ray

Baltimore

Not Known

Mary Stein  
151 E. Pratt St.

**Real Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *April 6<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *263 Park Ave*  
 5. Full Name of Mother *Anna Mayer*  
 6. Mother's Maiden Name *Anna Deans*  
 7. Mother's Birthplace *va*  
 8. Full Name of Father *Lewis Mayer*  
 9. Father's Occupation *Lawyer*  
 10. Father's Birthplace *md (?)*  
 Name of Medical Attendant, or other Person who makes this Return. *Thos. Watkins M.D.*  
 Address *184 N. Biddle St*  
 Remarks *This report was unintentionally omitted*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth April 6th 1880  
 4. Place of Birth, (Street and Number) No 237 Central av.  
 5. Full Name of Mother Lucie Catman  
 6. Mother's Maiden Name Huber  
 7. Mother's Birthplace Hannover Ger.  
 8. Full Name of Father Henry Catman  
 9. Father's Occupation Cigar Maker  
 10. Father's Birthplace Cadiz Ger.  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. H. J. Balt.  
 Address No 185 E. E. cor. Central av. & Monument St.  
 Remarks Well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth 6 April
4. Place of Birth, (Street and Number) 230 Alice Street
5. Full Name of Mother Maria Reja
6. Mother's Maiden Name Lankaska
7. Mother's Birthplace Hungary Germany
8. Full Name of Father Jakob Lankashy
9. Father's Occupation
10. Father's Birthplace Austria

Name of Medical Attendant, Maria Spillner  
or other Person who makes this Return.

Address Waller Street 245

Remarks



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *6 of April*

4. Place of Birth (Street and Number) *373 Eager St.*

5. Full Name of Mother *Hannah Francis Krauss*

6. Mother's Maiden Name *Hannah Francis Schumpe*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John M. Krauss*

9. Father's Occupation *Basket maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *midwife Mrs. Rice*

Address *No 26 E. Second St.*

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 6<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 83 Spring Street

5. Full Name of Mother Sarah Ann Philips

6. Mother's Maiden Name " " Car

7. Mother's Birthplace Ireland

8. Full Name of Father John Edward Philips

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E. [Signature]

Address 68 E. Broadway

Remarks

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) colored
2. Race or Color (if not of the white race) colored
3. Date of Birth 265 at least 1874
4. Place of Birth (Street, and Number) 265 on lawn st
5. Full Name of Mother peculiar grace
6. Mother's Maiden Name peculiar grace
7. Mother's Birthplace Robert woman by
8. Full Name of Father James grace
9. Father's Occupation myster shankle
10. Father's Birthplace fast lane
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth fort
- Address 15 corner st
- Remarks maiden wife

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex (state whether Male or Female)
- Race or Color (if not of the white race)
- Date of Birth
- Place of Birth (Street and Number)
- Full Name of Mother
- Mother's Maiden Name
- Mother's Birthplace
- Full Name of Father
- Father's Occupation
- Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

384115  
 Third Child  
 Male  
 April 6th 1880  
 180 1/2 Harford Ave  
 Elizabeth C Knight  
 " " Heisk  
 Baltimore Ind  
 Theodore Hough  
 Laborer  
 Port Deposit Ind  
 Meyina A Winder  
 178 Harford Ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April - Sixth - Eighteen Hundred & Eighty*  
 4. Place of Birth (Street and Number) *166. N. Lombard St.*  
 5. Full Name of Mother *Abina Kellmeyer*  
 6. Mother's Maiden Name *" Misspelhorn*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *August Kellmeyer*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr A.W. Dodge*  
 Address  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st
1. Sex (*state whether male or female*) Male
2. Race or Color (*if not of the white race*) White
3. Date of Birth April 6th 1880.
4. Place of Birth (Street and Number) 933. N. Pratt St.
5. Full Name of Mother Rosetta Handline
6. Mother's Maiden Name Rosetta Frank Handline
7. Mother's Birthplace Baltimore City
8. Full Name of Father Leon M. Handline
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. John J. Handline
- Address City
- Remarks

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April the 6th 1880.*
4. Place of Birth, (Street and Number) *S. Caroline St. No 148.*
5. Full Name of Mother, *Matharine Blessing*
6. Mother's Maiden Name, *Matharine Grossburg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Simon Blessing*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Wiesbach Gr. Baden, Germany*

Name of Medical Attendant, *Mary E. Miller*

Address, *N. Dallas St. No 26,*

Remarks,



Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 6th 1880*
4. Place of Birth, (Street and Number) *In 136 N. Strickland St. Baltimore Md.*
5. Full Name of Mother, *Emma Kate Benson*
6. Mother's Maiden Name, " " *Cassell.*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Martin Kemp Benson*
9. Father's Occupation, *Book Keeper.*
10. Father's Birthplace, *Easton Md.*

Name of Medical Attendant, *Pembroke M. Stenslie M.D.*  
or other Person who makes this Return.  
Address, *Box 233 St. Lombard St. Balt.*  
Remarks,

Extract Regulations of  
Record of

That any Physician, accou-  
sador, or other Person who  
advise at the birth of any child  
within six days thereafter, shall  
report, its or their physical con-  
dition, its or their parents, and the name  
of the parents, and the name

9. Father's Occupation, *Book Keeper.*

10. Father's Birthplace, *Boston Ind.*

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

*Pembroke St. Wm. H. Hensley M.D.  
212 E. St. Lombard St. Balt.*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

6 of April

4. Place of Birth (Street and Number)

West St. No. 307

5. Full Name of Mother

Bernie Riccalt

6. Mother's Maiden Name

Bernie Guadina

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Riccalt

9. Father's Occupation

Labor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Salena Wischaker

Address

West St. No. 125

Remarks

full Term The Baby Left 5 Minutes.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Apr: 6<sup>th</sup> 1880 - 10<sup>10</sup> P.M.

4. Place of Birth (Street and Number)

4 142 Calhoun St

5. Full Name of Mother

Lilly Smith

6. Mother's Maiden Name

Lilly Allen

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Wm C. Smith

9. Father's Occupation

Clerk

10. Father's Birthplace

Norfolk Va

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. P. Dorrill M.D.

Address

89 Franklin St

Remarks

Extract Regulations of the Board of Health to secure a full and  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

31153

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

April 9-1880

4. Place of Birth, (Street and Number)

No 469 E. Eager Street

5. Full Name of Mother

Elara T. Gorsuch

6. Mother's Maiden Name

Elara T. Lloyd

7. Mother's Birthplace

Maryland

8. Full Name of Father

Samuel T. Gorsuch

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Atwell

Address 286 W. Donagh St

Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14
1. Sex (state whether male or female) Twins Male & Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 6 April
4. Place of Birth, (Street and Number) 9 Nelson St
5. Full Name of Mother Bar. Colloring
6. Mother's Maiden Name Peterson
7. Mother's Birthplace Germany
8. Full Name of Father Charles Colloring
9. Father's Occupation Music Teacher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Para Carver
- Address 52 S Lombard
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 6 April
4. Place of Birth, (Street and Number) 7. J. Eder
5. Full Name of Mother Anna Miller
6. Mother's Maiden Name Oler
7. Mother's Birthplace Germany
8. Full Name of Father Fred Miller
9. Father's Occupation Shoekeeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. David Haspel
- Address 2. C. Lombard
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth 6 April  
 4. Place of Birth, (Street and Number) 60 Eastern Av  
 5. Full Name of Mother Pada Banks  
 6. Mother's Maiden Name Denkerson  
 7. Mother's Birthplace Ind. Md  
 8. Full Name of Father Georg Banks  
 9. Father's Occupation Bookman  
 10. Father's Birthplace Ind Md  
 Name of Medical Attendant, or other Person who makes this Return Mrs. Para Cooper  
 Address 52 E. Lombard  
 Remarks \_\_\_\_\_



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

*colored*

3. Date of Birth

*April Mo 6 1880*

4. Place of Birth (Street and Number)

*178 Mulikin St*

5. Full Name of Mother

*Rachel Ann Murray*

6. Mother's Maiden Name

*Rachel Ann Murray*

7. Mother's Birthplace

*Equinus county*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

*Anna Higgins*  
*Register DA*

Address

*78 100*

Remarks

*Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.*

*That any Physician, necoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH

31155

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Female.

White.

April 6<sup>th</sup> 1880.

Penna. Av. St. E. Cor. Baker St.

Mary Elisabeth Trainer.

Mary E. Fells,

Baltimore City.

John Trainer.

Plummer.

Ireland.

John Cunningham M.D.

98 N. Greene St.

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38459



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 6 1880
4. Place of Birth (Street and Number) McKenna 56 Johnson
5. Full Name of Mother M. D. McKenna
6. Mother's Maiden Name Balto McKenna
7. Mother's Birthplace Balto
8. Full Name of Father Joseph McKenna
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

38460



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 6 1880
4. Place of Birth (Street and Number) No number Lexington st
5. Full Name of Mother Agnes Connolly
6. Mother's Maiden Name Allen
7. Mother's Birthplace Baltimore
8. Full Name of Father John Connolly
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Hart
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 6, 1880.

4. Place of Birth (Street and Number) Kinby Lane near Edmonson Avenue

5. Full Name of Mother Elizabeth Freeman

6. Mother's Maiden Name Lint

7. Mother's Birthplace Baer City

8. Full Name of Father Chas Watson Freeman

9. Father's Occupation Laborer

10. Father's Birthplace Baer City

Name of Medical Attendant, or other Person who makes this Return. Marbury Owens MD

Address 68 N. Calvert Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

35462

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth Apr. 7th, 1890.  
 4. Place of Birth (Street and Number) 311 John St  
 5. Full Name of Mother Mary Erdman  
 6. Mother's Maiden Name Maybone  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Wm. Erdman  
 9. Father's Occupation Leather Carrier  
 10. Father's Birthplace Baltimore, Md.  
 Name of Medical Attendant, or other Person who makes this Return. M. B. Billingsley  
 Address Harford Ave & Bond St  
 Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

387163

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth April 7 1890
4. Place of Birth, (Street and Number) 678 74 Front av.
5. Full Name of Mother Herrietta Buschheid
6. Mother's Maiden Name Meier.
7. Mother's Birthplace America
8. Full Name of Father Peter Buschheid
9. Father's Occupation Laborer.
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Schaeffer midwife
- Address 330 Hanover st.
- Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



384.614

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

April 7

4. Place of Birth (Street and Number)

Baltimore, Md. 145 N. Duane St.

5. Full Name of Mother

Martina Washington

6. Mother's Maiden Name

Martina Spencer

7. Mother's Birthplace

Worcester, Mass.

8. Full Name of Father

George Washington

9. Father's Occupation

Carriage

10. Father's Birthplace

East Hill, Virginia

Name of Medical Attendant, or other Person who makes this return

Benjamin J. Jones

Address

145 N. Duane St. Baltimore

Remarks



Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

382165

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth April 7d. 1880
4. Place of Birth, (Street and Number) Hotel Monemondstr.
5. Full Name of Mother Henriette Hohman
6. Mother's Maiden Name H. Kingle
7. Mother's Birthplace Baltimore
8. Full Name of Father Konrad Hohman
9. Father's Occupation Butcher
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 N. Bondstr.
- Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) Colored  
 3. Date of Birth April 7th 1880  
 4. Place of Birth (Street and Number) Baltimore, E. Calumet St. 134  
 5. Full Name of Mother Annie Jackson Moore  
 6. Mother's Maiden Name Annie Borden  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Wm. Moore  
 9. Father's Occupation Waiter  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mr. E. Elizabeth Scarborough  
 Address 220 Montgomery St. Balt.  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Child*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 1880*  
 4. Place of Birth (Street and Number) *86 Boston St*  
 5. Full Name of Mother *Rosa Myers*  
 6. Mother's Maiden Name *Myers*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Franklin Myers*  
 9. Father's Occupation *Whiskey Dealer*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Wiley*  
 Address *No 12 Patterson Park Ave Baltimore*  
 Remarks

38467



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar (or assid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 19 1880.

4. Place of Birth, (Street and Number) 121 South Hope St

5. Full Name of Mother Maggie Kugel

6. Mother's Maiden Name Maggie Kugelmann

7. Mother's Birthplace America

8. Full Name of Father Yank Kugel

9. Father's Occupation laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Wm. H. H. H. H.

Address 121 South Hope Street.

Remarks

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

38470  
H. L.  
Male  
White  
April 7, 1880.  
214 E. Fayette St.  
Mary Emma Little  
Mary Emma Stuart  
Maryland  
Robert B. Little  
Clerk  
Maryland  
J. H. Howard  
E. Baltimore St.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 7 of April  
4. Place of Birth (Street and Number) Church St. No. 1.  
5. Full Name of Mother Kate Lanaway  
6. Mother's Maiden Name Kate Lanaway  
7. Mother's Birthplace Ireland  
8. Full Name of Father John Lanaway  
9. Father's Occupation Engineer  
10. Father's Birthplace Ireland  
Name of Medical Attendant, or other Person who makes this Return. Salena Greghaber  
Address West St. No. 125.  
Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex: (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth April 8th 1880

4. Place of Birth, (Street and Number) 612 24th Street

5. Full Name of Mother Margaret Pick

6. Mother's Maiden Name Schle

7. Mother's Birthplace Germany

8. Full Name of Father Adam Pick

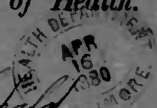
9. Father's Occupation Shoe Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Chapman midwife

Address 330 Bonaville St.

Remarks \_\_\_\_\_





Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 7th 1880*
4. Place of Birth (Street and Number) *67 1/2 Garrison str.*
5. Full Name of Mother *Mary Streumer*
6. Mother's Maiden Name *Reisert*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Alfred Streumer*
9. Father's Occupation *Wholesaler*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return

Address *113 E. Lombard str.*

Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Return of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38474

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles Edwin Nelson



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race)..... White
3. Date of Birth, April the 7. 1889
4. Place of Birth, (Street and Number) V. Ward A. 1928.
5. Full Name of Mother, Mollie Nelson
6. Mother's Maiden Name, Mollie Nelson Kavanaugh
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Nelson
9. Father's Occupation, Sign Painter
10. Father's Birthplace, Frederick City, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address, Dallas St. N. 26

Remarks, Name as'd 7/2/96 by undersigned

Charles Edwin Nelson

C. E. N.

Registrars of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise  
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
name of the mother of such child or children.

# RETURN OF A BIRTH, 38473

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth April 7 1880  
4. Place of Birth, (Street and Number) 110 Hubbard Street  
5. Full Name of Mother Anthelia Milkenston  
6. Mother's Maiden Name Anthelia Pace  
7. Mother's Birthplace Virginia  
8. Full Name of Father Edlie Milkenston  
9. Father's Occupation Laborer  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this Return. Margaret Etter  
Address 10 13 Eubank St  
Remarks

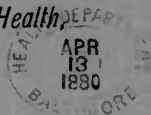
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38476

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 7th 1880*
4. Place of Birth (Street and Number) *172 N. Eden St.*
5. Full Name of Mother *Amelia Bauer*
6. Mother's Maiden Name *Gapp*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Charles W. Bauer*
9. Father's Occupation *Confectioner*
10. Father's Birthplace *Alexandria Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Francis H. Davis M.D.*
- Address *105 N. Central Ave.*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *April 7<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *No. 333 West St.*
5. Full Name of Mother *John C. Kennedy*
6. Mother's Maiden Name *Josephine C. Smith*
7. Mother's Birthplace *Baltimore Maryland*
8. Full Name of Father *David D. Kennedy*
9. Father's Occupation *Telegraph Operator*
10. Father's Birthplace *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return. *J. Tyler Smith M.D.*
- Address *321 Barr St*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



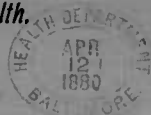
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 7 April
4. Place of Birth, (Street and Number) 68 High
5. Full Name of Mother Marie Graver
6. Mother's Maiden Name Herman
7. Mother's Birthplace Balt. Md
8. Full Name of Father Charles Graver
9. Father's Occupation Taylor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. John Cooper
- Address 52 Lombard
- Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*The 5<sup>th</sup> Child.*

1. Sex (state whether Male or Female)

*Male.*

2. Race or Color (if not of the white race)

*White.*

3. Date of Birth

*1 April*

4. Place of Birth (Street and Number)

*14 S. Eutan. St.*

5. Full Name of Mother

*Mirna Heinemann.*

6. Mother's Maiden Name

*Mirna Rauch*

7. Mother's Birthplace

*Geisa. Germany*

8. Full Name of Father

*Louis Rauch*

9. Father's Occupation

*Harness maker.*

10. Father's Birthplace

*Geisa. Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Miss Schloffer.*

Address

*20*

*Columbia Ave.*

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

April 7/80

4. Place of Birth (Street and Number)

67 Vincent St

5. Full Name of Mother

Mandie Scrogans

6. Mother's Maiden Name

M. Richardson

7. Mother's Birthplace

Warcester Co. Va

8. Full Name of Father

Joshua Skrogans

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chollot Proctor

Address

No 10 Carlton St

Remarks



Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

25481

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



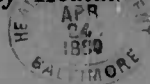
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 17th 1880
4. Place of Birth, (Street and Number) 7 Chelster 3rd from Steeplechase (Chelster)
5. Full Name of Mother Mary Ann Francis Decker
6. Mother's Maiden Name Bersick
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Decker
9. Father's Occupation Salvage
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. W. Decker M.D.
- Address 2000 York Avenue Street
- Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth April 8<sup>th</sup> 1880  
 4. Place of Birth, (Street and Number) 37. Mornu St  
 5. Full Name of Mother Lena Baile  
 6. Mother's Maiden Name Lena Thomas  
 7. Mother's Birthplace Frederick Md  
 8. Full Name of Father John E. Thomas  
 9. Father's Occupation Gardner  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary A. Schenck  
 Address 125. N. E. St.  
 Remarks \_\_\_\_\_

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth *Apr on the 8 of April 1880*
  4. Place of Birth, (Street and Number) *2 Balverton Road*
  5. Full Name of Mother *Miss Shutter*
  6. Mother's Maiden Name *Ms. Gasser*
  7. Mother's Birthplace *Hanover Germany*
  8. Full Name of Father *Mr. Shutter*
  9. Father's Occupation *Wagon Driver*
  10. Father's Birthplace *Hanover G.*
- Name of Medical Attendant, or other Person who  
induced this Return. *Miss Miller*
- Address *1017 Pratt St.*
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

384871

*To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.*



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *8 April 1880*  
 4. Place of Birth (Street and Number) *10 407 Light St*  
 5. Full Name of Mother *Maggie Winland*  
 6. Mother's Maiden Name *Maggie Day*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John Day*  
 9. Father's Occupation *Booker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Magan*  
 Address *Russell St 10 70*  
 Remarks

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) April 8th 1880

3. Date of Birth 326 Bond st.

4. Place of Birth, (Street and Number)

5. Full Name of Mother Elizabeth Feller

6. Mother's Maiden Name " Zahmmerman

7. Mother's Birthplace City

8. Full Name of Father Mrs Feller

9. Father's Occupation Carpenter

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return. Mrs Elizabeth Betty

Address 245 Canton Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth April 8<sup>th</sup> 80  
 4. Place of Birth, (Street and Number) # 6 Second St  
 5. Full Name of Mother Caroline Curtis  
 6. Mother's Maiden Name Leder  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Edward Curtis  
 9. Father's Occupation Shoemaker  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mary Webb  
 Address 328 S. Euter St  
 Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth April 8 - 1880  
4. Place of Birth (Street and Number) 154 N. Eutam St  
5. Full Name of Mother Ella D Downey  
6. Mother's Maiden Name Ella D Mayhew  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Saml S R Downey  
9. Father's Occupation Proct  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Chas W M D  
Address 23 McCallish St  
Remarks Baltimore



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *African*
3. Date of Birth *April 8*
4. Place of Birth (Street and Number) *Church street 74*
5. Full Name of Mother *Mandia Wilson*
6. Mother's Maiden Name *Mandia Young*
7. Mother's Birthplace *Dorchester County*
8. Full Name of Father *Henry Wilson*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Julia A Johnson*
- Address *400 West street*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 8th 1880*  
 4. Place of Birth (Street and Number) *No 76 E Lombard St*  
 5. Full Name of Mother *Susanna Linker*  
 6. Mother's Maiden Name *Hassler*  
 7. Mother's Birthplace *Balt. & S. Charhove City*  
 8. Full Name of Father *Herman A Linker*  
 9. Father's Occupation *Druggist*  
 10. Father's Birthplace *Pr. Meaden*  
 Name of Medical Attendant, or other Person who makes this Return. *J. W. Halls M.D.*  
 Address *No. 18 So. Eutaw*  
 Remarks *Labo normal - Duration 12 hours.*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38490

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *8 April*
4. Place of Birth, (Street and Number) *161 Chestnut St*
5. Full Name of Mother, *Marie Dietz*
6. Mother's Maiden Name, *Ohler*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Bernhard Dietz*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return. *Mrs Sara Casper*
- Address, *62 E. Lombard St*
- Remarks,

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth 8 April  
 4. Place of Birth, (Street and Number) 8 George St  
 5. Full Name of Mother Katharina Mohr  
 6. Mother's Maiden Name Loenen  
 7. Mother's Birthplace Balt. Md  
 8. Full Name of Father James Mohr  
 9. Father's Occupation Wagonmaker  
 10. Father's Birthplace Balt. Md  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper  
 Address 52 E. Lombard  
 Remarks \_\_\_\_\_

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, apothecary, midwife, or other person in charge, who shall attend or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- |   |                                 |
|---|---------------------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)          | <i>4<sup>th</sup></i>           |
| 1. Sex (state whether Male or Female)                             | <i>Boy</i>                      |
| 2. Race or Color (if not of the white race)                       | <i>White</i>                    |
| 3. Date of Birth  | <i>Thursday April 8th. 1880</i> |
| 4. Place of Birth (Street and Number)                             | <i>208 Fierret St.</i>          |
| 5. Full Name of Mother  | <i>Jane Rutledge</i>            |
| 6. Mother's Maiden Name   | <i>Jane Poole</i>               |
| 7. Mother's Birthplace  | <i>New York</i>                 |
| 8. Full Name of Father  | <i>Chas. H. Rutledge</i>        |
| 9. Father's Occupation  | <i>Braconier</i>                |
| 10. Father's Birthplace   | <i>Balls Blad.</i>              |
| Name of Medical Attendant, or other Person who makes this Return. | <i>Wm. W. Smith M.D.</i>        |
| Address   | <i>Greenmont Ave</i>            |
| Remarks   | <i>Balls Blad.</i>              |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Boy*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Thursday April 8th 1880*  
 4. Place of Birth (Street and Number) *158 E. Monument St.*  
 5. Full Name of Mother *Alice M. Hugo Fusselbaugh.*  
 6. Mother's Maiden Name *Alice M. Shaw.*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Wm. H. B. Fusselbaugh.*  
 9. Father's Occupation *Paper Hanger*  
 10. Father's Birthplace *Balti. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm. Brinton, M.D.*  
 Address *25 1/2 Greenmount Ave*  
 Remarks *"Vertex Presentation"*

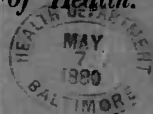
Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

38494

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Apr 8th 1880, 1

4. Place of Birth, (Street and Number)

85 1/2 Race St

5. Full Name of Mother

Christiana M. Winkelman

6. Mother's Maiden Name

Chunshall

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John H. Winkelman

9. Father's Occupation

Retail Druggist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Henry M.D.

Address

76 1/2 Race St

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38495

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Apr 8th 1880*
4. Place of Birth (Street and Number) *812 Eastern Ave*
5. Full Name of Mother *Mary Helling*
6. Mother's Maiden Name *Mulmann*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Fred. Helling*
9. Father's Occupation *Physician*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *May Stein*
- Address \_\_\_\_\_
- Remarks *151 East Pratt st  
Baltimore M.d.*



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

38496

**To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 24 1890*

4. Place of Birth (Street and Number) *135 E. Lexington*

5. Full Name of Mother *Anna Kelly*

6. Mother's Maiden Name *McKee*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Peter Kelly*

9. Father's Occupation *Carriage Driver*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *J. J. Kelly*

Address *204 W. 1st St.*

Remarks

Extract Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

381177  
MAY 3 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>  
 1. Sex (state whether male or female) M  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth April 9, 1880.  
 4. Place of Birth (Street and Number) 200 N. Wolf St.  
 5. Full Name of Mother Susan Armiger  
 6. Mother's Maiden Name Sunderland  
 7. Mother's Birthplace Anne Arundel Co. Md.  
 8. Full Name of Father Joseph Armiger  
 9. Father's Occupation Veterinary Surgeon  
 10. Father's Birthplace Anne Arundel Co. Md.  
 Name of Medical Attendant, or other Person who makes this Return. L. G. Gordon, M.D.  
 Address 311 N. Broadway  
 Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st April 5*

1. Sex (state whether Male or Female) *male child*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth

4. Place of Birth (Street and Number) *moreland St, 44*

5. Full Name of Mother *Janet A. Dunsen*

6. Mother's Maiden Name *Janet A. Gilligan*

7. Mother's Birthplace *Dahls St*

8. Full Name of Father *William H. Dunsen*

9. Father's Occupation *brick maker*

10. Father's Birthplace *Dahls St*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38499

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *April 9<sup>th</sup> 1880*  
4. Place of Birth (Street and Number) *Randel Street*  
5. Full Name of Mother *Ida Bush*  
6. Mother's Maiden Name *Ida Slater*  
7. Mother's Birthplace *Frederic Co. Md*  
8. Full Name of Father *Oliver Bush*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Balt city Md*  
Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Clinton*  
Address *West Ave No 121*  
Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35600

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY. April 11 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 7th 1880

4. Place of Birth, (Street and Number) 16241 S. Anne Street

5. Full Name of Mother Lucy Spangler

6. Mother's Maiden Name Lina Koch

7. Mother's Birthplace America

8. Full Name of Father Leroy Spangler

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amund

Address 16241 S. Anne Street

Remarks



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children  
 1. Sex (state whether male or female) Female.  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 1 of April  
 4. Place of Birth (Street and Number) Poppleton St No. 16  
 5. Full Name of Mother Grace Schwartzmann.  
 6. Mother's Maiden Name Grace Beck.  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father Jacob Schwartzmann  
 9. Father's Occupation Glass Blower.  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Schinner Gruber.  
 Address West St No. 128  
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar immediately, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th. 51*
- Sex (state whether Male or Female) *female*
  - Race or Color (if not of the white race) *white*
  - Date of Birth *April 9th 1880*
  - Place of Birth (Street and Number) *553 E. Lombard str.*
  - Full Name of Mother *Sarah Goldstrom*
  - Mother's Maiden Name *Rosenstein*
  - Mother's Birthplace *Baltimore*
  - Full Name of Father *Bernard Goldstrom*
  - Father's Occupation *Store Keeper*
  - Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this return *Mrs. C. Bernstein*

Address *113 E. Lombard str.*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st or Pimper tw*  
 1. Sex (state whether Male or Female) *2 Females*  
 2. Race or Color (if not of the white race) *(Col.)*  
 3. Date of Birth *April 9th. 1880*  
 4. Place of Birth (Street and Number) *No 188 Chestnut alley Balt*  
 5. Full Name of Mother *Christiana Elizabeth Robt*  
 6. Mother's Maiden Name *D. O. D. O. D. O.*  
 7. Mother's Birthplace *Morris Alley Balt.*  
 8. Full Name of Father \_\_\_\_\_  
 9. Father's Occupation \_\_\_\_\_  
 10. Father's Birthplace \_\_\_\_\_  
 Name of Medical Attendant, or other Person who makes this Return *Dr. J. A. C. & T. L. C.*  
 Address *No 134 Pearl st Balt*  
 Remarks *Twins by a white man*



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 9th 1880*

4. Place of Birth (Street and Number) *11 Hillen St*

5. Full Name of Mother *Julia Goodwin*

6. Mother's Maiden Name *Barnett*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Thomas Goodwin*

9. Father's Occupation *Sporkmaker*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Samuel B. B. M.D.*

Address *134 N. 2nd St*

Remarks

38504



Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39505

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April the 9th 1890.*
4. Place of Birth, (Street and Number) *Albemarle St. No. 33.*
5. Full Name of Mother, *Louise Lissler*
6. Mother's Maiden Name, *Louise Meyer*
7. Mother's Birthplace, *Lehrtergasse No. 12, Jackson Germany*
8. Full Name of Father, *Charles Lissler*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Halle, Prussia, Germany*

Name of Medical Attendant, *Mary E. Muller*  
or other Person who makes this Return

Address, *N. Dallas St. No. 26.*

Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Nine Head*  
 1. Sex (state whether Male or Female) *Male Child*  
 2. Race or Color (if not of the white race) *Colored Child*  
 3. Date of Birth *April 7<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *No. 6. Stokes's Alley*  
 5. Full Name of Mother *Mrs. Maria William*  
 6. Mother's Maiden Name *Miss Maria Deane*  
 7. Mother's Birthplace *Annapolis County Md*  
 8. Full Name of Father *John William*  
 9. Father's Occupation *Head Carver*  
 10. Father's Birthplace *Baltimore County Md*  
 Name of Medical Attendant, or other Person who make this Return. *Mrs. Sarah L. Deane*  
 Address *N. 929 ppw St*  
 Remarks *Baltimore*

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.  
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

9 April

74 S. Canal St

Marie Wener

Eastner

Balt. Md

William Wener

Printer

Balt. Md

Mrs. Sara Deaffer

52 Lombard

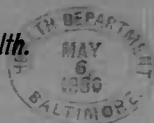
**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

38508

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 9th 1880*
4. Place of Birth (Street and Number) *Columbia Ave*
5. Full Name of Mother *Francis Hammond*
6. Mother's Maiden Name *Householder*
7. Mother's Birthplace *Hagerstown Md*
8. Full Name of Father *Nicholas Hammond*
9. Father's Occupation *Conductor B. & O. R.*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. D. Clark M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35509

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 10th. 1880.
4. Place of Birth, (Street and Number) No. 3 Bellair av. near Carroll St.
5. Full Name of Mother Margaretta Hacker.
6. Mother's Maiden Name " Mang.
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hacker.
9. Father's Occupation Baltimore Masterer.
10. Father's Birthplace Price Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt.
- Address No. 185 N.E. cor. Central av. & Monument St.
- Remarks All Well.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

**To the Office of Registrar of Vital Statistics, Board of Health.**  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *April 10th*

4. Place of Birth (Street and Number) *Patterson Lane near*

5. Full Name of Mother *Elizabeth Young*

6. Mother's Maiden Name *Elizabeth Neal*

7. Mother's Birthplace *West River*

8. Full Name of Father *John Young*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Martha Moore midwife*

Address *No 3 Claytons Row*

Remarks *all well and doing well*  
*Martha Moore has been sick with asthma*

Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH

38511

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
- Sex, (state whether male or female) female April 10 1880
- Race or Color, (if not of the white race) White
- Date of Birth, 170 Sharp St Baltimore Md
- Place of Birth, (Street and Number)
- Full Name of Mother, Sarah Murry
- Mother's Maiden Name, Sarah Magarity
- Mother's Birthplace, Baltimore Md
- Full Name of Father, Alas Murry
- Father's Occupation, Wagon Driver
- Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return, Mariah Potter
- Address, No 182 Henderson St Baltimore Md
- Remarks,



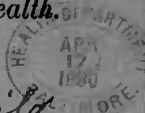
**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38512



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *April 10th*

4. Place of Birth (Street and Number) *no 80 China St*

5. Full Name of Mother *Laura Brown*

6. Mother's Maiden Name *Laura Smith*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Ambrose Smith*

9. Father's Occupation *labour*

10. Father's Birthplace *Shorehill Ind*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter*

Address *no 4 Gallop Courthouse*

Remarks *healthy child*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Brown complexion*
3. Date of Birth *April 10<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *No 72 Wargrove St.*
5. Full Name of Mother *Harriet Perrines*
6. Mother's Maiden Name *" Henley*
7. Mother's Birthplace *Halls Springs*
8. Full Name of Father *C. H. Perrines*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address *46 Hamilton St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *10. of April*
- Place of Birth (Street and Number) *James alley N. 61.*
- Full Name of Mother *Mary Wearnert*
- Mother's Maiden Name *Mary Wearnert*
- Mother's Birthplace *France George county Md.*
- Full Name of Father *Hennery Wearnert*
- Father's Occupation *Laborer*
- Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Salena Haselbater*
- Address *West St. N. 128*
- Remarks

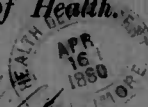
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38515

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child  
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

April 10th 1880

4. Place of Birth, (Street and Number)

apt. 555 Light St

5. Full Name of Mother

Thermine Graeninger

6. Mother's Maiden Name

Wildemann

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Graeninger

9. Father's Occupation

Painter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. F. Wassermann, M.D.

Address

330 Hanover St.

Remarks

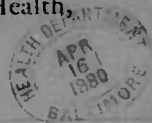
Direct Registrations of the Board of Health to be made in this form.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *April 10th 1880*

4. Place of Birth (Street and Number) *115 Lenox str.*

5. Full Name of Mother *Fanny Rosenstein*

6. Mother's Maiden Name *" Teczmannski*

7. Mother's Birthplace *Russia*

8. Full Name of Father *Myer Rosenstein*

9. Father's Occupation *Builder*

10. Father's Birthplace *Russia*

Name of Medical Attendant, or other Person who makes this return *Mrs C. Bernstein*

Address *113 C. Lombard str.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth April 10 1880

4. Place of Birth (Street and Number) 127 Garden Alley

5. Full Name of Mother Mary Ann

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father William D. Ann

9. Father's Occupation Teacher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lebanon Thomas

Address 71 Broadway Alley

Remarks.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *16<sup>th</sup> April*
4. Place of Birth (Street and Number) *Balt. Eastern Ave. No. 433*
5. Full Name of Mother *Kate C. Travers*
6. Mother's Maiden Name *Kate C. Strong*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George W. Travers*
9. Father's Occupation *Elevator*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return *Lequita Wiley*
- Address *12 Patterson Park Avenue*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *April 10th 1880*  
 4. Place of Birth (Street and Number) *324 Montgomery St*  
 5. Full Name of Mother *Lidia Tobain*  
 6. Mother's Maiden Name *Lidia Davis*  
 7. Mother's Birthplace *Baltimore city Md*  
 8. Full Name of Father *Wm Tobain*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Worcester co Md*  
 Name of Medical Attendant, or other Person who makes this Return. *L. D. Dyer*  
 Address *146 Hill St*  
 Remarks

L. D. DYER M.D.



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35520  
APR 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth the 10 of April

4. Place of Birth (Street and Number) 240 Jones St

5. Full Name of Mother Margaret

6. Mother's Maiden Name Margaret Elmentrop

7. Mother's Birthplace Baltimore

8. Full Name of Father Norman Elmentrop

9. Father's Occupation Tobler

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Christina Janer

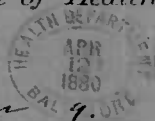
Address 117 Harpersen

Remarks 1880

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st li Benson

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

10 Apr. 1880

4. Place of Birth, (Street and Number)

Suburban St

5. Full Name of Mother,

li. Benson

6. Mother's Maiden Name,

li. Cooper

7. Mother's Birthplace,

W 52, Suburban St

8. Full Name of Father,

W. Benson

9. Father's Occupation,

labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

lar Wapner

Address,

W 52. hamstead St

Remarks,

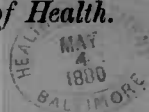
*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *10 April 1880*

4. Place of Birth (Street and Number) *572 Pennsylvania Avenue*

5. Full Name of Mother *Agnes Heil*

6. Mother's Maiden Name *Freed*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Lawrence Heil*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Markway Brewer M.D.*

Address *68 McCulloh Street*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

38523



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth  
Male  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 1st 1880

1880

4. Place of Birth (Street and Number)

5. Full Name of Mother

Martha A. Hopkins

6. Mother's Maiden Name

Martha A. Bayfill

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George Hopkins

9. Father's Occupation

Carter

Baltimore City

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. M. G. L. L. M. L. L.

Address

Baltimore City

Remarks

S. Bond M  
1880

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

38521  
38625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th and 5th
1. Sex (state whether male or female) Girl and boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth April 10th 1880
4. Place of Birth, (Street and Number) 192 Vine
5. Full Name of Mother Harriet S. Stark
6. Mother's Maiden Name Harriet Scott
7. Mother's Birthplace New York (City)
8. Full Name of Father Shepherd Stark
9. Father's Occupation Cabinet maker
10. Father's Birthplace New York (City)
- Name of Medical Attendant, or other Person who makes this Return. Wm B. Turner M.D.
- Address 51 S. Toca
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31526

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 11, 1880*

4. Place of Birth (Street and Number) *759 W. Lombard*

5. Full Name of Mother *Elizabeth C. Hearn*

6. Mother's Maiden Name *Strinour*

7. Mother's Birthplace *Howard Co. Md*

8. Full Name of Father *Chas. A. Hearn*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Howard Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *John A. Hall*

Address *2 N. Carey*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

28527

MAY 11 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd  
Female  
White  
April 11-1880  
101 St. Eustace St.  
Mary A. Mealy  
" " Corauch  
Baltimore Md  
Robert A. Mealy  
Clerk  
Baltimore Md  
M. S. Mulhry M.D.  
87 Mulhry St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38528

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 11<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *236 Carrollton Avenue*  
 5. Full Name of Mother *Ida Kate Stehl*  
 6. Mother's Maiden Name *" Estabrook*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Rudolph Stehl*  
 9. Father's Occupation *Salesman*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *J. L. Gibbons M.D.*  
 Address *47 Edmondson Ave*  
 Remarks



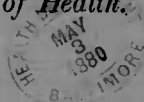
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38529



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 11, 1880 5 am*

4. Place of Birth (Street and Number) *Catharine St No*

5. Full Name of Mother *Catharine Kurgner*

6. Mother's Maiden Name *Catharine Schmitt*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Emmanuel Kurgner*

9. Father's Occupation *Butcher*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Miss Munn*

Address *42 Claremont*

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

31530

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth Apr 11. 1880
4. Place of Birth, (Street and Number)
5. Full Name of Mother Marion School
6. Mother's Maiden Name Elphinstone
7. Mother's Birthplace Westmoreland
8. Full Name of Father John School
9. Father's Occupation Blacksmith
10. Father's Birthplace Wiltshire
- Name of Medical Attendant, or other Person who makes this Return. Wm. S. Ormrod
- Address St. Joseph's 114
- Remarks Wiltshire

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38531

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First female

White

April 11th

No 178 Argyle Av  
Gertrude M. Dingell

Collins

Baltimore  
Jan M. Dingell  
Merchant

Balto  
C. J. Dingell

135 N. Charles st

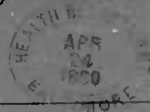
RECEIVED  
1899  
23  
1880  
BAL MD

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35532

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 11<sup>th</sup> 1880

4. Place of Birth, (Street and Number) St. Vincent St.

5. Full Name of Mother Margaret M. Garry

6. Mother's Maiden Name "

7. Mother's Birthplace Ireland

8. Full Name of Father James M. Garry

9. Father's Occupation Blacksmith

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return. Dr. August V. Pickman

Address 185 N 2<sup>nd</sup> St.

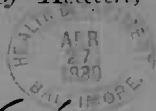
Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

3853.3

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup> Child

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 11<sup>th</sup> 1880.

4. Place of Birth, (Street and Number)

142 S. Fremont St.

5. Full Name of Mother,

Mary B. Schuler,

6. Mother's Maiden Name,

" Kurk.

7. Mother's Birthplace,

Balt. City.

8. Full Name of Father,

John Schuler.

9. Father's Occupation,

Tobaccoist.

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

W. J. H. Tall. M.D.

Address,

152 Sharp St.

Remarks,

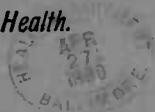
*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

385311



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Monday, April 11th. 1885  
 4. Place of Birth (Street and Number) 12 Greenmount Ave  
 5. Full Name of Mother Sarah A. Wilkerson  
 6. Mother's Maiden Name Sarah A. Mummy  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Robt. T. Wilkerson  
 9. Father's Occupation Trimmer  
 10. Father's Birthplace Baltimore Md.  
 Name of Medical Attendant, or other Person who makes this Return Wilmer Brinton MD  
 Address 25 1/2 Greenmount Ave  
 Remarks "Breech Presentation"

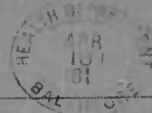
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38535



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *April 11<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *Jones Court No. 3*  
 5. Full Name of Mother *Martha Williams*  
 6. Mother's Maiden Name *Martha Steward*  
 7. Mother's Birthplace *Baltimore Maryland*  
 8. Full Name of Father *George Williams*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Eastern Shore.*  
 Name of Medical Attendant, or other Person who makes this Return *Susan Morgan midwife*  
 Address *No 47. N. Durham St.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *April 11/80*  
 4. Place of Birth (Street and Number) *11 White St*  
 5. Full Name of Mother *Bettie Edwards*  
 6. Mother's Maiden Name  
 7. Mother's Birthplace *Midletown va*  
 8. Full Name of Father *Isaac Edwards*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *West riv*  
 Name of Medical Attendant, or other Person who makes this Return. *Chollot Proctor*  
 Address *No 10 Carlton St*  
 Remarks





Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First  
Male

April 11 - 1880

No 376 E Eager Street

Martha L. Taylor

Martha L. Davis

Virginia

Elias Taylor

Cigar Maker

Baltimore

Mary A. Allen

246 N. Tonnage St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 11<sup>th</sup> 80

4. Place of Birth, (Street and Number) # 151 Lombard St

5. Full Name of Mother Caroline Heichert

6. Mother's Maiden Name Schaefer

7. Mother's Birthplace Baltimore

8. Full Name of Father John Heichert

9. Father's Occupation Lithographic printer

10. Father's Birthplace Prussia Prussia

Name of Medical Attendant, or other Person who makes this return. May Hiral

Address # 328 S. Einar St.

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *the White*
3. Date of Birth *11<sup>th</sup> April*
4. Place of Birth (Street and Number) *No 44 E. Pratt St. Balt.*
5. Full Name of Mother *Mary Schwartz*
6. Mother's Maiden Name *Mary White*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Schwartz*
9. Father's Occupation *Carbar*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *L. A. W. W. W.*
- Address *112 Patterson Park. Balt.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 11<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

Baker near Belmor

5. Full Name of Mother,

May. Mabel

6. Mother's Maiden Name,

Conroy

7. Mother's Birthplace,

Lancaster, Penna

8. Full Name of Father,

William Mabel

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. H. Morris M.D.

Address,

105 St. Charles St. Baltimore

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38341

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). *5<sup>th</sup> Child*

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 14, 11. 1880.*

4. Place of Birth, (Street and Number) *Essex St. No. 5.*

5. Full Name of Mother, *Mary Henkens*

6. Mother's Maiden Name, *Mary Gantmann*

7. Mother's Birthplace, *Bogkhausen, Pr. Prussia, Germany*

8. Full Name of Father, *Bernhard Henkens*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ellersdorf, Pr. Prussia, Germany*

Name of Medical Attendant, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *the 11 of April*  
 4. Place of Birth (Street and Number) *No 342 Cathedral*  
 5. Full Name of Mother *Minne Albert*  
 6. Mother's Maiden Name *Minne Bornhorst*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Herman Bornhorst*  
 9. Father's Occupation *Cigar Maker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address *Creston at Tower*  
 Remarks *11 Harper St.*  
*1880*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *April 11th. 1880.*

4. Place of Birth (Street and Number) *438 Chase St.*

5. Full Name of Mother *Roberta Moran*

6. Mother's Maiden Name *King.*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Joseph Alex. Moran.*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *Aug. J. O'rich. M.D.*

Address *14. S. Broadway.*

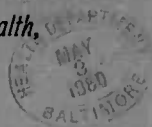
Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residing name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 12th 1880

4. Place of Birth (Street and Number) 12 Cooper st

5. Full Name of Mother Annice Johnson

6. Mother's Maiden Name Coble

7. Mother's Birthplace Balt. Co. Md.

8. Full Name of Father Wm. Johnson

9. Father's Occupation Brick layer

10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslea

Address 440 1/2 Ave & Biddle st

Remarks



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Sixth*  
*Female*

*April 12<sup>th</sup> 1880*

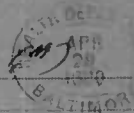
*130 Jeffers St.*  
*Mary T Gorsuch*

*" " Geis*  
*Baltimore Md*

*Louis C Gorsuch*  
*Keeper*

*Baltimore Md*  
*Regina A Winkler*

*178 Harford Ave*



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38546

MAY 1 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Negro*  
 3. Date of Birth *April 12 1880*  
 4. Place of Birth (Street and Number) *32 Indian court*  
 5. Full Name of Mother *Bess Tilghman*  
 6. Mother's Maiden Name *Bess Thomas*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Henry Henry Tilghman*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Raines M.D.*  
 Address *20 Mulberry st Baltimore*  
 Remarks *Doc.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

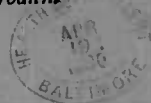
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *12 April*
4. Place of Birth, (Street and Number) *12 Park St*
5. Full Name of Mother, *Paulina Caged*
6. Mother's Maiden Name, *Hein*
7. Mother's Birthplace, *Balt. Md*
8. Full Name of Father, *Robert Caged*
9. Father's Occupation, *Upolsterer*
10. Father's Birthplace, *Balt. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Caffer*
- Address, *52 E. Lombard*
- Remarks,

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth (5)*
2. Sex (state whether Male or Female) *female*
3. Race or Color (if not of the white race) *white*
4. Date of Birth *April 12th 1880*
5. Place of Birth (Street and Number) *6129 Conway St.*
6. Full Name of Mother *Kate Eidman*
7. Mother's Maiden Name *Kate Isaac*
8. Mother's Birthplace *Germany*
9. Full Name of Father *George Eidman*
10. Father's Occupation *carpenter*
11. Father's Birthplace *Germany*
12. Name of Medical Attendant, or other Person who makes this Return. *Colless Schlifer*
13. Address *20 Columbia St.*
14. Remarks

First Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 12 1890*
4. Place of Birth (Street and Number) *157 Townsend St*
5. Full Name of Mother *Mary Collins*
6. Mother's Maiden Name *Thyssen*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Collins*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. Shmidt*
- Address *No 476 Penna Avenue*
- Remarks

*See Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex (state whether Male or Female) *Male*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *April 12 1880*
  4. Place of Birth (Street and Number) *No 332 North Liberty St*
  5. Full Name of Mother *Marlene Peter*
  6. Mother's Maiden Name *Mannli*
  7. Mother's Birthplace *Baltimore*
  8. Full Name of Father *Thomas A. Peter*
  9. Father's Occupation *Brother*
  10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. Schmidt*
- Address *476 Penna Avenue*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, sex, residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female ~~male~~

2. Race or Color (if not of the white race) colored

3. Date of Birth Apr 12

4. Place of Birth (Street and Number) 135 north dallas st

5. Full Name of Mother Josephine Tilghman

6. Mother's Maiden Name Josephine Lacey

7. Mother's Birthplace Richmond Va

8. Full Name of Father Frank Tilghman

9. Father's Occupation laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. J. Johnson

Address no 32 north

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth April 12

4. Place of Birth (Street and Number) 132 Stirling St

5. Full Name of Mother Elizabeth Tate

6. Mother's Maiden Name Elizabeth Piggard

7. Mother's Birthplace Baltimore

8. Full Name of Father Simon Tate

9. Father's Occupation Cabbagen

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Clara Johnson

Address Healthy child 32 Stirling St

Remarks



**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *10 head*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *12<sup>th</sup> of April*
4. Place of Birth (Street and Number) *111 Spring street*
5. Full Name of Mother *Sarah Ann Scott*
6. Mother's Maiden Name *Sarah Ann Motton*
7. Mother's Birthplace *Hagerstown*
8. Full Name of Father *Edenist Scott*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Eastern shore*
- Name of Medical Attendant, or other Person who makes this Return. *Maryenttan Barber*
- Address *41 short street north*
- Remarks *Baby sick*

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 child
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 12 April 1880
4. Place of Birth (Street and Number) Wood castle, ally
5. Full Name of Mother Anna Cooksey
6. Mother's Maiden Name Anna Smith
7. Mother's Birthplace summerset co
8. Full Name of Father Robert J Cooksey
9. Father's Occupation grocery store
10. Father's Birthplace summerset co
- Name of Medical Attendant, or other Person who makes this Return. Eachel Ann Garrett
- Address 65 Burke st
- Remarks

THAT ANY PHYSICIAN, ACCOUCHEUR, MIDWIFE, OR OTHER PERSON IN CHARGE, WHO SHALL ATTEND, ASSIST, OR ADVISE

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

April 12 - 1880

4. Place of Birth, (Street and Number)

N. 34 Abbott Street

5. Full Name of Mother

Lena Smith

6. Mother's Maiden Name

Lena Hoffmann

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Smith

9. Father's Occupation

Farmer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Harry at Abbott

Address 286 St. Loney St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

35556

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

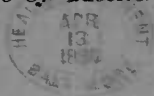


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first 1*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *April 12*
4. Place of Birth, (Street and Number) *1041 N. Sharp Street*
5. Full Name of Mother, *Mary I. Wardman*
6. Mother's Maiden Name, *+*
7. Mother's Birthplace, *Essex County, Va.*
8. Full Name of Father, *Daniel Howard*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Eastern Shore, Maryland*
- Name of Medical Attendant, or other person who makes this Return. *Mrs. Ellen Stubbs*
- Address, *1041 N. Sharp Street*
- Remarks, *Baltimore, Md.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th 1880

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12th 1880

4. Place of Birth, (Street and Number)

215 N Gilman St

5. Full Name of Mother,

Gene Dixon

6. Mother's Maiden Name,

Gene. Wisely

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Dixon

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr W. H. Jones M.D

Address,

Gen Street & Queen

Remarks,

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38355

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Feb 12 1880
4. Place of Birth, (Street and Number) 40 Columbia Ave,
5. Full Name of Mother Sarah Sternheimer
6. Mother's Maiden Name Bachrach
7. Mother's Birthplace Richmond
8. Full Name of Father Levin Sternheimer
9. Father's Occupation House Dealer
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return. Dr. McCune
- Address 76 2nd St
- Remarks \_\_\_\_\_

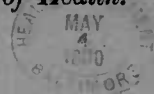


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38560

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race)
- Date of Birth *Apr 12th 80*
- Place of Birth (Street and Number) *223 Franklin*
- Full Name of Mother *Lessie Hill*
- Mother's Maiden Name *Lessie Pity*
- Mother's Birthplace *Ohio*
- Full Name of Father *Gustavus Hill*
- Father's Occupation *Train Porter*
- Father's Birthplace *Ohio*
- Name of Medical Attendant, or other Person who makes this Return. *J. M. Miller*
- Address *57 N. Howard*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

28561

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Apr. 12th 1880*
4. Place of Birth (Street and Number) *N 2 Bondy Lane*
5. Full Name of Mother *Maggie Gilbert*
6. Mother's Maiden Name *Erwig*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Chas. Gilbert*
9. Father's Occupation *Longshoreman*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Stein*
- Address
- Remarks *151 east Pratt st  
Baltimore Md.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38562

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 12, 1887
4. Place of Birth, (Street and Number) 1857 Polk St.
5. Full Name of Mother, Kate C. Biggle
6. Mother's Maiden Name, "John" R. Morris
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, John C. Biggle
9. Father's Occupation, Jackhammer
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return, Dr. G. Ruck
- Address, Balt. Wash. Sts.
- Remarks, Natural

REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38563

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) Second

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Born 12th Sept '80

4. Place of Birth, (Street and Number) Baltimore, Md. 1106

5. Full Name of Mother Annula Harris

6. Mother's Maiden Name " "

7. Mother's Birthplace Eastern Shore, Virginia

8. Full Name of Father John Harris

9. Father's Occupation Schooler

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. James M. H. H.

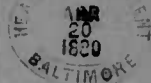
Address 349 Lombard St.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 12<sup>th</sup> 1880

4. Place of Birth (Street and Number)

34 Pinna Avenue,

5. Full Name of Mother

Mary J. Redifer

6. Mother's Maiden Name

Bortner

7. Mother's Birthplace

Maryland

8. Full Name of Father

Samuel V. Redifer

9. Father's Occupation

Teacher

10. Father's Birthplace

Gaithersburg Md.

Name of Medical Attendant, or other Person who makes this Return.

Samuel G. Knight M.D.

Address

112 N. Greene St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

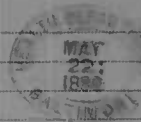
- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Born April 12th
4. Place of Birth, (Street and Number) 98 1/2 South Howard St
5. Full Name of Mother Emma Pledge
6. Mother's Maiden Name "
7. Mother's Birthplace Richmond
8. Full Name of Father Joseph Pledge
9. Father's Occupation Laborer
10. Father's Birthplace Richmond
- Name of Medical Attendant, or other Person who makes this return. Annette Wilson
- Address 219 Hawthorne
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *Irish*
3. Date of Birth *12 April*
4. Place of Birth (Street and Number) *154 Chemist St*
5. Full Name of Mother *Matilda Plant*
6. Mother's Maiden Name *Lawrence*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Jay Plant*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H.*
- Address *45 St. Charles St*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38567

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Tuesday April 19<sup>th</sup> 1887

4. Place of Birth, (Street and Number)

1241 Pennsylvania St. Balt.

5. Full Name of Mother,

Mrs. Minnie Shipley

6. Mother's Maiden Name,

Miss Minnie Shipley

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

David Edwin Shipley

9. Father's Occupation,

Fireman U. S. N. W. C. C.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2856 f

of Health.

**BALTIMORE CITY.**

- |   |                   |
|---|-------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)          | Fourth            |
| 1. Sex (state whether male or female)                             | Male              |
| 2. Race or Color (if not of the white race)                       |                   |
| 3. Date of Birth  | 13th April        |
| 4. Place of Birth (Street and Number)                             | 10 Bevan St       |
| 5. Full Name of Mother  | Katharine Delle   |
| 6. Mother's Maiden Name   | Katharine Wiebel  |
| 7. Mother's Birthplace  | Baltimore         |
| 8. Full Name of Father  | Frank Delle       |
| 9. Father's Occupation  | Shoemaker         |
| 10. Father's Birthplace   | Prussia           |
| Name of Medical Attendant, or other Person who makes this Return. | Miss Munn         |
| Address   | 42 Starrayfall St |
| Remarks   |                   |



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



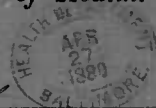
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male ☒ Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 13, 1880*
4. Place of Birth (Street and Number) *405 E. Chase St.*
5. Full Name of Mother *Mary L. McCord*
6. Mother's Maiden Name *" " Ellumeyer*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Marshall A. McCord*
9. Father's Occupation *Telegraph Op.*
10. Father's Birthplace *New Jersey*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. White, M.D.*
- Address *341 N Broadway*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

35870

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth April 13, 1880
4. Place of Birth, (Street and Number) No 425 E. Eager street
5. Full Name of Mother Louise C. Thompson
6. Mother's Maiden Name Louise C. Arnold
7. Mother's Birthplace Baltimore, Maryland
8. Full Name of Father Charles Thompson
9. Father's Occupation Builder
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Mary A. Atwell
- Address 286 W. Long St
- Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

April 13<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

147 Madaers alley

5. Full Name of Mother

Emma Miller

6. Mother's Maiden Name

" John

7. Mother's Birthplace

City

8. Full Name of Father

John Miller

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Carlton Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth April 13 - 1880  
 4. Place of Birth, (Street and Number) No. 35, Beaven St.  
 5. Full Name of Mother Anna Shaffer  
 6. Mother's Maiden Name Hartman  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Julius Shaffer  
 9. Father's Occupation German  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. J. Schwaesser midwife  
 Address 330 Hanover St.  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 18<sup>th</sup> of April

4. Place of Birth (Street and Number) 97 Albemarle Street

5. Full Name of Mother Amelia Theile

6. Mother's Maiden Name Amelia Held

7. Mother's Birthplace Philadelphia

8. Full Name of Father Augustus Theile

9. Father's Occupation Salesman

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Germany  
Eliza J. Hemming  
Hecathy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First of Child*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *Web*  
 3. Date of Birth *13 of April*  
 4. Place of Birth (Street and Number) *Hager St No. 436*  
 5. Full Name of Mother *Mrs. Tarnallen*  
 6. Mother's Maiden Name *Mrs. Woods Hager*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *William Tarnallen*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Sabaria Grisham*  
 Address *West St No. 125*  
 Remarks *Born at 4 o'clock and died at 11 o'clock.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth April 13<sup>th</sup> 1880  
 4. Place of Birth (Street and Number) Baltimore Hill St 172-30  
 5. Full Name of Mother Mary Liza Laman  
 6. Mother's Maiden Name " " Leward  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father Pete Laman  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Maryland  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough  
 Address No 210 Montgomery St Balt  
 Remarks Cause of Death unknown, lived 3 hours after birth

38575

35576

HEALTH DEPARTMENT  
MAY 6 1880  
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- |   |   |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)          | First   |
| 1. Sex (state whether Male or Female)                             | Female  |
| 2. Race or Color (if not of the white race)                       | White   |
| 3. Date of Birth  | April 13th 1900   |
| 4. Place of Birth (Street and Number)                             | 71 Wyeth St.  |
| 5. Full Name of Mother  | Susaw Rasch   |
| 6. Mother's Maiden Name   | " Barrett   |
| 7. Mother's Birthplace  | Ellicott City   |
| 8. Full Name of Father  | Geo Rasch   |
| 9. Father's Occupation  | Cooper  |
| 10. Father's Birthplace   | City  |
| Name of Medical Attendant, or other Person who makes this Return. | Dr. O. C. Lane  |
| Address   | 183 E. 11th   |
| Remarks   | This is the first child at full term Mrs. R. having had 4 miscarriages previous to the present time |



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35577  
1<sup>st</sup>  
Female  
White  
April 13<sup>th</sup> 1881  
140 Henrietta St  
Amelia C. Wroten  
Amelia C. Warfield  
Md  
Capt. Chas. C. Wroten  
Mariner  
Md  
H. B. Noble M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

THE RECORDS OF THE CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38579

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *13 April 1880*

4. Place of Birth (Street and Number) *411 N. Holland Street*

5. Full Name of Mother *Rose Alberta Elling*

6. Mother's Maiden Name *Newland*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Joseph L. Elling*

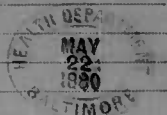
9. Father's Occupation *Head*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Rose Elling*

Address *411 N. Holland Street*

Remarks



38550

RECEIVED  
MAY  
22  
1980  
STATION

6 child

- 4 April  
 1891 Eden  
 Maggie Schiller  
 Hope  
 Emma  
 George Schiller  
 John  
 Bauer

or other Person who  
makes this Return.

Silver River Milling  
 45 Holland Street

25 Holland St

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *17 April*  
4. Place of Birth (Street and Number) *301 Central Ave.*  
5. Full Name of Mother *Emily Kirby*  
6. Mother's Maiden Name *West.*  
7. Mother's Birthplace *Balto.*  
8. Full Name of Father *E. W. Kirby.*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Balto.*  
Name of Medical Attendant, or other Person who makes this Return. *Josephine Renard*  
Address *20 Barnes St.*  
Remarks

THIS RECORD OF YOUR STATISTICS IS THE PROPERTY OF THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 14th 1880*
4. Place of Birth (Street and Number) *547 Franklin St*
5. Full Name of Mother *Annie A Miller*
6. Mother's Maiden Name *" " Kremer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *W H Miller Jr*
9. Father's Occupation *Book keeper*
10. Father's Birthplace *Queen Anne's Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *W H Registrar Med*
- Address *Mrs Taylor & Carter*
- Remarks

For Return of First Birth in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race) White

3. Date of Birth April 14, 1880

4. Place of Birth (Street and Number) 321 N. Broadway

5. Full Name of Mother Julie Lifer

6. Mother's Maiden Name " Burnett

7. Mother's Birthplace Do

8. Full Name of Father Geo. L. Lifer

9. Father's Occupation Machinist

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. W. White, M.D.

Address 321 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

395811

12th  
23  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

April 14  
316 Covington St  
Emma Norfolk

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

Richardson  
Maryland

7. Mother's Birthplace

8. Full Name of Father

Sylvester Norfolk  
Laborer

9. Father's Occupation

10. Father's Birthplace

Maryland  
R. P. Elliott  
315 Lytle St

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38888

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 14. 1880*  
 4. Place of Birth (Street and Number) *248 N. Eutaw St.*  
 5. Full Name of Mother *Elizabeth B. Moreley*  
 6. Mother's Maiden Name *Kiley*  
 7. Mother's Birthplace *Baltimore City.*  
 8. Full Name of Father *William E. Moreley*  
 9. Father's Occupation *Physician*  
 10. Father's Birthplace *Petersham - Mass.*  
 Name of Medical Attendant, or other Person who makes this Return. *William E. Moreley M.D.*  
 Address *248 N. Eutaw St.*  
 Remarks

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth April 14<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 190 S Chappel st
5. Full Name of Mother Margaretta Niemiller
6. Mother's Maiden Name Shreiner
7. Mother's Birthplace City
8. Full Name of Father Mr. Niemiller
9. Father's Occupation Cannemaker
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

April 14<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

73 Thames st

5. Full Name of Mother

Lauria Rahmes

6. Mother's Maiden Name

" Mallond

7. Mother's Birthplace

8. Full Name of Father

Herman Rahmes

9. Father's Occupation

Barber

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betts

Address

1245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex (state whether Male or Female)
- Race or Color (if not of the white race)
- Date of Birth
- Place of Birth (Street and Number)
- Full Name of Mother
- Mother's Maiden Name
- Mother's Birthplace
- Full Name of Father
- Father's Occupation
- Father's Birthplace

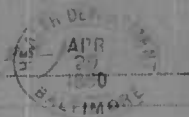
Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Third  
Female

April 14<sup>th</sup> 1880  
459 Gay St  
Hannah Cornelius  
" Gennig  
Philadelphia Pa  
Nicolas Cornelius  
Oyster Dealer  
Baltimore Md  
Margie A Winkler  
1078 Harford Ave



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 14<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *15 N. Caroline Street*  
 5. Full Name of Mother *Mary Louisa Russell*  
 6. Mother's Maiden Name *Darragh*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Joseph E. Russell*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *James J. Whane, M.D.*  
 Address *68 1/2 Broadway*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 14 " 1880.*

4. Place of Birth (Street and Number) *163 N. Lombard St.*

5. Full Name of Mother *Mrs. Mary Hall*

6. Mother's Maiden Name *Mary Lambert.*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *George Hall*

9. Father's Occupation *Brass Finisher.*

10. Father's Birthplace *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return *Spencer M. Free M.D.*

Address *Maternity, 163 N. Lombard St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *14th April*  
4. Place of Birth (Street and Number) *12 Patterson Park Ave*  
5. Full Name of Mother *Mary Harrington*  
6. Mother's Maiden Name *Mary Gaddy*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *William Harrington*  
9. Father's Occupation *Car Driver*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*  
Address *12 Patterson Park*  
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 14<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) 345 George St

5. Full Name of Mother Kate Knutson

6. Mother's Maiden Name Kate Lunde

7. Mother's Birthplace Germany

8. Full Name of Father Charles Knutson

9. Father's Occupation Mariner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Arnold.

Address 131 South Wolfe St.

Remarks



See Record of your Name in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth Apr 14

4. Place of Birth (Street and Number) 186 North Bethel st

5. Full Name of Mother Kate Dexter

6. Mother's Maiden Name Kate Collins

7. Mother's Birthplace Talbert Co. Md

8. Full Name of Father George Dexter

9. Father's Occupation laborer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Clara Johnson

Address no 32 Hart st

Remarks healthy child

and any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex, (state whether male or female).....

*Female*

2. Race or Color, (if not of the white race).....

*White*

3. Date of Birth,.....

*April 14<sup>th</sup> / 80*

4. Place of Birth, (Street and Number).....

*35 S. Whatcott*

5. Full Name of Mother,.....

*Susan Eckhart*

6. Mother's Maiden Name,.....

*Susan Smith*

7. Mother's Birthplace,.....

*Baltimore*

8. Full Name of Father,.....

*John Eckhart*

9. Father's Occupation,.....

*Brush Maker*

10. Father's Birthplace,.....

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*G. W. Davis M.D.*

Address,.....

*615 St. Charles Street*

Remarks,.....

see Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1 child*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Caucasian*  
3. Date of Birth *April 14 1880*  
4. Place of Birth (Street and Number) *57 Brighton alley*  
5. Full Name of Mother *Eliza Holburn*  
6. Mother's Maiden Name *Balbot county Maryland*  
7. Mother's Birthplace  
8. Full Name of Father *Stephen Shriver*  
9. Father's Occupation *Teacher*  
10. Father's Birthplace *Balbot county Maryland*  
Name of Medical Attendant, or other Person who makes this Return *May Jane Richardson*  
Address  
Remarks *Mother and child doing well*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38696

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

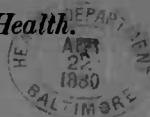
APR  
22  
1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup> Kind
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth geboren den 14<sup>ten</sup> April
4. Place of Birth, (Street and Number) Mattix Alley
5. Full Name of Mother Mary Paul
6. Mother's Maiden Name Mary Winsel
7. Mother's Birthplace Deutschland
8. Full Name of Father Peter Paul
9. Father's Occupation Carpenter
10. Father's Birthplace Deutschland
- Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann
- Address 1<sup>st</sup> 197 S. Dallow Str
- Remarks Glemme

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4th

1. Sex (state whether male or female) male and female

2. Race or Color, (if not of the white race) white race

3. Date of Birth 14. April

4. Place of Birth, (Street and Number) Lemon Alley No. 3

5. Full Name of Mother Therese Friederike Cöler

6. Mother's Maiden Name Therese Friederike Rabel

7. Mother's Birthplace Müllingsdorf b. Rüttsdorf. Preuss.

8. Full Name of Father Maximilian Cöler

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Bodenwerder Hannover

Name of Medical Attendant, or other Person who makes this return. Anna Dumbler C. Lebrun St

Address Anna Dumbler C. Lebrun St

Remarks

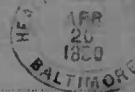
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38599

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

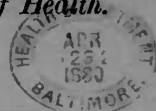


- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fifth*
1. Sex (state whether ~~Male~~ or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 15 1880*
4. Place of Birth (Street and Number) *311 Harford Ave*
5. Full Name of Mother *Barbara Berkus*
6. Mother's Maiden Name *Barbara Leuer*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Henry Berkus*
9. Father's Occupation *Tanner*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *A. G. Watson*
- Address *437 N. Central Ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 15<sup>th</sup> 1880

4. Place of Birth (Street and Number) No 3 Hollins Alley

5. Full Name of Mother Rosa Hart

6. Mother's Maiden Name Rosa Garon

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Hart

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. Jane Mercer

Address No 136 N<sup>o</sup> Henry St Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38601



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15 April
4. Place of Birth (Street and Number) 182 N. Dallas St.
5. Full Name of Mother Barbara Parnicka
6. Mother's Maiden Name Waneczek
7. Mother's Birthplace Pacific Bohemia
8. Full Name of Father John Parnicka
9. Father's Occupation Tailor
10. Father's Birthplace Pacific Bohemia
- Name of Medical Attendant, or other Person who makes this Return. Josephine Horrod
- Address 20 Barnes St.
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38602

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 94
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Apr 15. 1880
4. Place of Birth, (Street and Number) 100 Schuppel St. 94
5. Full Name of Mother Elinor Vincent
6. Mother's Maiden Name Smith
7. Mother's Birthplace Boston
8. Full Name of Father Lillian Vincent
9. Father's Occupation Doctor
10. Father's Birthplace Boston
- Name of Medical Attendant, or other Person who makes this return. Dr. J. B. Baile
- Address 100 Schuppel St.
- Remarks Stillborn

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38603

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) female Tallmad
2. Race or Color, (if not of the white race) 1 of April 1880
3. Date of Birth NO 15 light alley
4. Place of Birth, (Street and Number) Talley
5. Full Name of Mother Ann Sarah Mary
6. Mother's Maiden Name Ann Sarah Blake
7. Mother's Birthplace Baltimore Cal
8. Full Name of Father Isaac Mary
9. Father's Occupation Labour
10. Father's Birthplace Sumner York Tamby
- Name of Medical Attendant, or other Person who makes this Return. Robert
- Address Williams NO 70
- Remarks Chenut Yhar
- plaster and Kaler during birth

Any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1<sup>st</sup>, 2<sup>d</sup>, 3<sup>d</sup>, &c.)

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *April 15 '80*

4. Place of Birth, (Street and Number) *86 Barre*

5. Full Name of Mother *Louisa Gaeckler*

6. Mother's Maiden Name *Kotke*

7. Mother's Birthplace *Balt*

8. Full Name of Father *H. R. Gaeckler*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*John M. M. M.*  
*5 1/2 W. W.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

28605

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th time.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 15. 1880.
4. Place of Birth (Street and Number) Burgundy ally 92.
5. Full Name of Mother Annie J. Williams.
6. Mother's Maiden Name Annie Thomas.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Henry Williams.
9. Father's Occupation Sailor.
10. Father's Birthplace America.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. O. Bickness.
- Address 108 Leaden hall St.
- Remarks

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

35606  
The 5 Childs

Male Childs

Color

Childs

15 of April

781 Welcom Alley

Elley Chapman Kese

Colvert Co. Md

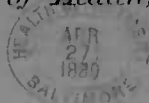
Miller Gross

141 7th Street

any person, who, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*  
1. Sex, (state whether male or female). *Female*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *April 15<sup>th</sup> 1880*  
4. Place of Birth, (Street and Number) *75 Lee St.*  
5. Full Name of Mother, *Mary E. Beir*  
6. Mother's Maiden Name, *" " Brownell*  
7. Mother's Birthplace, *Dorchester Co. Md.*  
8. Full Name of Father, *Chas. S. Beir*  
9. Father's Occupation, *Machinist*  
10. Father's Birthplace, *Balt. City*  
Name of Medical Attendant, or other person who makes this Return, *R. J. N. Tall, M.D.*  
Address, *152 Sharp St.*  
Remarks, *alive*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth April 15<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 19 Canaway st
5. Full Name of Mother Lina Bauer
6. Mother's Maiden Name Friedrich
7. Mother's Birthplace Germany
8. Full Name of Father George Bauer
9. Father's Occupation Baker
10. Father's Birthplace German.
- Name of Medical Attendant, or other Person who makes this return. Mrs Elizabeth Betz
- Address 245 Canton Ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 children

1. Sex (state whether Male or Female) Male child

2. Race or Color (if not of the white race) Colored

3. Date of Birth 15 April

4. Place of Birth (Street and Number) Chapel Street No. 11

5. Full Name of Mother Mrs Jane Elizabeth Schranden

6. Mother's Maiden Name Miss Cooper

7. Mother's Birthplace Bayshore Calvert County

8. Full Name of Father Mrs. Schranden Schranden

9. Father's Occupation Laboring man

10. Father's Birthplace State Virginia Port Royal

Name of Medical Attendant, or other Person who makes this Return. Mrs. Susan Morgan

Address No. 17. N. T. W. M. St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *April 15<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *124 Union Place*

5. Full Name of Mother *Annie McNeal*

6. Mother's Maiden Name *Annie Burns*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *James McNeal*

9. Father's Occupation *Police*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Geo. B. Reynolds*

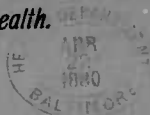
Address *432 N. Calver St.*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *Colord*

3. Date of Birth *April 15*

4. Place of Birth (Street and Number) *elbow lane no 65*

5. Full Name of Mother *fannie Owens*

6. Mother's Maiden Name *fannie Robert*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Samuel Owens*

9. Father's Occupation *Cooking in restaurant*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Maryann Dawsey*

Address *No 64 elbow lane*

Remarks *five Dollars*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38612

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

April 15 - 1880

4. Place of Birth, (Street and Number)

No 111 Brydenhall st.

5. Full Name of Mother

Margaretta Bremer  
Schickel

6. Mother's Maiden Name

7. Mother's Birthplace

America

8. Full Name of Father

Anton Bremer

9. Father's Occupation

Laborer

10. Father's Birthplace

America

Name of Medical Attendant,

or other Person who makes this Return.

J. Langasser midwife  
330 Hanover St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38613

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *15 April*
4. Place of Birth, (Street and Number) *18 Chestnut*
5. Full Name of Mother, *Maria Behm*
6. Mother's Maiden Name, *Herrn*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Benjamin Behm*
9. Father's Occupation, *Workingman*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, *Mrs. Lara Casper*  
or other person who makes this Return.
- Address, *52 E. Lombard*
- Remarks,

# RETURN OF A BIRTH.

38614

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th April 1880
4. Place of Birth (Street and Number) No 82 Canton St.
5. Full Name of Mother Maggie Krepf
6. Mother's Maiden Name Engleider
7. Mother's Birthplace Germany
8. Full Name of Father John Krepf
9. Father's Occupation Saler
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Miller
- Address No 12 Patterson Park Av.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38615

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth April 15, 1880
4. Place of Birth (Street and Number) 27 Luzerne st
5. Full Name of Mother Mary Hudson
6. Mother's Maiden Name Mary Musby
7. Mother's Birthplace Baltimore city
8. Full Name of Father Joseph Hudson
9. Father's Occupation laborer
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Rachel Ann Gurrett
- Address 65 Burke st
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1 <sup>4</sup>/<sub>11</sub>  
Male  
White  
April 13<sup>th</sup> 80  
Biddle St near Long St  
Mary Miller  
Garroll Co. Md  
John Miller  
Baltimore  
G. W. Ames M.D.  
Gen. Surgeon & President

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 14<sup>th</sup> 1880.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 14<sup>th</sup> 1880.
4. Place of Birth, (Street and Number) Belair Ave
5. Full Name of Mother Julia Bunker
6. Mother's Maiden Name Julia L. Greening
7. Mother's Birthplace Maryland
8. Full Name of Father August James
9. Father's Occupation Blacksmith
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this return. Mrs. Mary Andrew.
- Address 112 South Wolfe St.
- Remarks (1)



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male,*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 15, 1880*

4. Place of Birth, (Street and Number) *199 South Street, No. 1st.*

5. Full Name of Mother, *Mary C. Kallfus*

6. Mother's Maiden Name, *"Eisenberg"*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Isidor C. Kallfus*

9. Father's Occupation, *Restaurant*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return, *Dr. G. K. Kallfus*

Address, *Balt. & Wash. Sts*

Remarks, *Natural.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

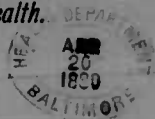
To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Kind*  
1. Sex (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth *gelaren den 15<sup>ten</sup> April*  
4. Place of Birth, (Street and Number) *N<sup>o</sup> 8 Eden Str*  
5. Full Name of Mother *Elise Bretz*  
6. Mother's Maiden Name *Elise Schmidt*  
7. Mother's Birthplace *Deutschland*  
8. Full Name of Father *Joseph Bretz*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Deutschland*  
Name of Medical Attendant, or other Person who makes this Return. *Friedrich Kaufmann*  
Address *N<sup>o</sup> 19<sup>th</sup> S. Dallas Str*  
Remarks *Hemorrhage*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Sixth*  
*Female*  
*White*  
*April 15<sup>th</sup> 1880*  
*107 Albemarle Street*  
*Mary Dolan*  
*Mary Connolly*  
*Baltimore*  
*Michael Dolan*  
*Police Officer*  
*Ireland*  
*Mrs. Eliza Hemmings*  
*24 95 Albemarle St*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

35621

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday April 16<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

No 83. Bayth. st. Balto.

5. Full Name of Mother,

Mrs. Emma Kleinman

6. Mother's Maiden Name, ...

Miss Emma Schmidt

7. Mother's Birthplace,

Frederick, Md.

8. Full Name of Father,

Andrew Kleinman

9. Father's Occupation,

Basket maker

10. Father's Birthplace, ...

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *April 16<sup>th</sup> 1880*  
4. Place of Birth (Street and Number) *45 N. Calhoun St*  
5. Full Name of Mother *Ann M. Schocke*  
6. Mother's Maiden Name *" " Miller*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Herman Schocke*  
9. Father's Occupation *Commercial Traveler*  
10. Father's Birthplace *Bremen, Germany*  
Name of Medical Attendant, or other Person who makes this Return. *W. E. Rees (M.D.)*  
Address *107 E. Fayette St. Baltimore*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH  
MAY  
3  
1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Apr 16 1880

11th St  
Elizabeth Jones

Beier

Balt.

Stephen Jones

Beier

Balt.

Wm. C. Jones

11th St

W. Jones

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH  
MAY  
3  
1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Apr 16, 1880

144

Margaret Leber

Prussia

Prussia

German

Prussia

Wm. C. Proctor

144

144

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar immediately, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

RECEIVED  
APR 22  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

April 16<sup>th</sup> 1880

4. Place of Birth (Street and Number)

65 Jefferson St

5. Full Name of Mother

Fredrika Salzman

6. Mother's Maiden Name

Fredrika Rosenblum

7. Mother's Birthplace

Me T

8. Full Name of Father

Julius Salzman

9. Father's Occupation

(Teacher)

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. B. Arnold

Address

7. S. High St.

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-116  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth April 16<sup>th</sup> 1880  
4. Place of Birth, (Street and Number) No 70 S. Green St.  
5. Full Name of Mother Susan B. Mouring  
6. Mother's Maiden Name Thornton  
7. Mother's Birthplace Virginia  
8. Full Name of Father Wm C. Mouring  
9. Father's Occupation Comm<sup>n</sup> Merchant  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this return. R. B. Lee  
Address N. W. Cor. Hanover & Barr Sts  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38627  
DEPT. OF HEALTH  
APR 23 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth April 16<sup>th</sup> 1880  
4. Place of Birth (Street and Number) Baltimore Poppleton St. No. 10  
5. Full Name of Mother Mary Butler  
6. Mother's Maiden Name Kilchuff  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Eugene H. Butler  
9. Father's Occupation Builder  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell  
Address No. 140 Ramsey St.  
Remarks

See Record of this statement in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

386-28  
H. DEPARTMENT  
APR 23  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8<sup>th</sup>  
Male  
White  
April 16<sup>th</sup> 1880  
Baltimore Eagle St. 152  
Elizabeth Chapman  
" Country  
Baltimore  
Amos Chapman  
Pedler  
France  
Mrs. E. Mitchell  
140 Ramsey St.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *April 16 1880*

4. Place of Birth (Street and Number) *Howard Street 106*

5. Full Name of Mother *Amanda Collick*

6. Mother's Maiden Name *Nancy*

7. Mother's Birthplace *Snow Hill*

8. Full Name of Father *John Henry Collick*

9. Father's Occupation *Bayman*

10. Father's Birthplace *Snow Hill*

Name of Medical Attendant, or other Person who makes this Return. *May Pickens*

Address *105 London Hall Street*

Remarks *none*

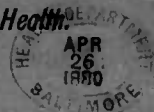
For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first.*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *Colored.*

3. Date of Birth *14 Stiles St.*

4. Place of Birth (Street and Number) *April 16 1880*

5. Full Name of Mother *Amanda Spickens.*

6. Mother's Maiden Name *Amanda Truit*

7. Mother's Birthplace *Snow Hill, Md.*

8. Full Name of Father *Isaac Truit*

9. Father's Occupation *Brayman*

10. Father's Birthplace *Snow Hill.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. May & Spickens*

Address *118 Leadenhall St.*

Remarks *non before.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

April 16<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

150 Gough St

5. Full Name of Mother

Barbara

Sauer

6. Mother's Maiden Name

"

Kutzler

7. Mother's Birthplace

City

8. Full Name of Father

August Sauer

9. Father's Occupation

Cash Smith

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Boly

Address

245 Carlton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38632

APR 29 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *Apr. 16*  
4. Place of Birth (Street and Number) *175 Division St*  
5. Full Name of Mother *Isabel Haines*  
6. Mother's Maiden Name *Buck*  
7. Mother's Birthplace *Balt. Co.*  
8. Full Name of Father *B. J. Haines*  
9. Father's Occupation *clerk*  
10. Father's Birthplace  
Name of Medical Attendant, or other Person who makes this Return.  
Address  
Remarks *J. M. Wittern*  
*251 Mad. An.*

Year Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38633

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth April 16<sup>th</sup> 1880  
 4. Place of Birth (Street and Number) 488 Canton Avenue  
 5. Full Name of Mother Mary M. Marks  
 6. Mother's Maiden Name " " Jubb  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Thomas M. Marks  
 9. Father's Occupation Carpenter  
 10. Father's Birthplace Baltimore Md.  
 Name of Medical Attendant, or other Person who makes this Return. James J. McPherson, M.D.  
 Address 65 E. Broadway  
 Remarks



Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

386311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 16th
4. Place of Birth, (Street and Number) 66 S. Pacor St
5. Full Name of Mother Eda Dr Alba
6. Mother's Maiden Name Kraemer
7. Mother's Birthplace Prussia
8. Full Name of Father Alfred Dr Alba
9. Father's Occupation Prussia
10. Father's Birthplace Collector
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 328 S. Euter St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35635

35636

MAY

1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup> & 7<sup>th</sup>

1. Sex (state whether male or female)

(twins) both males

2. Race or Color (if not of the white race)

white

3. Date of Birth

April 16<sup>th</sup>

4. Place of Birth (Street and Number)

236 W. Lomb and St.

5. Full Name of Mother

Addie Straufs

6. Mother's Maiden Name

Addie Nelson

7. Mother's Birthplace

Virginia

8. Full Name of Father

Louis Straufs

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

F. J. J. J.

Address

No. 2 Cathedral St.

Remarks

See records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *April 10 1880*

4. Place of Birth (Street and Number) *247 Ave. C. corner*

5. Full Name of Mother *Mary Walker*

6. Mother's Maiden Name *Mary Walker*

7. Mother's Birthplace *W. Va.*

8. Full Name of Father *James Walker*

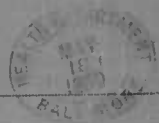
9. Father's Occupation *Wagon Driver*

10. Father's Birthplace *W. Va.*

Name of Medical Attendant, or other Person who makes this Return. *C. H. Walker M.D.*

Address *12 Franklin St.*

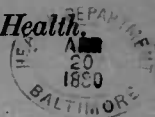
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 8

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

The 16 of April

4. Place of Birth (Street and Number)

1120 E. Charles St.

5. Full Name of Mother

Elizabeth Smith

6. Mother's Maiden Name

Elizabeth Smith

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles Arnold

9. Father's Occupation

Cabinetmaker Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant

or other Person who  
makes this Return.

Christina Sauer

Address

Remarks

10 Harper St.

1890

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16 of April 1880
4. Place of Birth (Street and Number) Fort Ave. No. 162
5. Full Name of Mother Clara Kane
6. Mother's Maiden Name Clara Ravel
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father Andrew Kane
9. Father's Occupation Boatsman
10. Father's Birthplace Eastern Shore of Md.
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hunter
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

38139

APR 17 1880

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd (Twins)*  
 1. Sex (state whether Male or Female) *Males*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 18th 1880*  
 4. Place of Birth (Street and Number) *22 W Balto St*  
 5. Full Name of Mother *Mary Lusby*  
 6. Mother's Maiden Name  
 7. Mother's Birthplace  
 8. Full Name of Father *Chas P Lusby*  
 9. Father's Occupation *Photographer*  
 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*E Gerverey M.D.*  
*289 W. Fayette St*  
*Balto*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *April 16<sup>th</sup> 1880.*  
4. Place of Birth (Street and Number) *163 W. Lombard St.*  
5. Full Name of Mother *Jennie Usher.*  
6. Mother's Maiden Name *Jennie Davis.*  
7. Mother's Birthplace *Virginia.*  
8. Full Name of Father *George Usher.*  
9. Father's Occupation *Sup't. of an Asylum for the Deaf and Dumb.*  
10. Father's Birthplace *Washington, D.C.*  
Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free M.D.*  
Address *Maternite, 163 W. Lombard St.*  
Remarks *Baldy, Ind.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth April 16 1881
4. Place of Birth, (Street and Number) 911 South Bond st
5. Full Name of Mother Anie Louis Harris
6. Mother's Maiden Name Anie Louis Smith
7. Mother's Birthplace Baltimore city
8. Full Name of Father William Harris
9. Father's Occupation massimer
10. Father's Birthplace near Hagerstown Baltimore county md
- Name of Medical Attendant, or other Person who makes this Return. Mary Carter
- Address 153 Collington Avenue
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *April 16<sup>th</sup> 1880.*

4. Place of Birth (Street and Number) *160 Calhoun Ave*

5. Full Name of Mother *Emma A. Clendenin.*

6. Mother's Maiden Name *" " Chipman.*

7. Mother's Birthplace *Balto Co Md.*

8. Full Name of Father *Arthur A. Clendenin.*

9. Father's Occupation *Miller.*

10. Father's Birthplace *Baltimore Co.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. C. C. C. C. C.*

Address *2 N Broadway.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth Apr 18

4. Place of Birth (Street and Number) 135 Carrolline st

5. Full Name of Mother Emily Sales

6. Mother's Maiden Name Emily Sales

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Sales

9. Father's Occupation laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Bear Johnson

Address no 32 Chart st

Remarks healthy child

and every physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other Person who makes this Return.

Address,...

Remarks,...

First (?)

Boy

Mulatto

April 16 - 1890

57 Burgundy alley  
Lucy Kelly

Do.

Petersburg Va.

George Hardy (?)

Labron

City

Dr. Gray Smith  
132 McCulloch St.

and Mrs. Richardson

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38617

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 16<sup>th</sup> 1880

4. Place of Birth (Street and Number)

285 Linden Av

5. Full Name of Mother

Hattie Dunan

6. Mother's Maiden Name

Hattie Brinkley

7. Mother's Birthplace

Ohio

8. Full Name of Father

W. S. Dunan

9. Father's Occupation

Agent

10. Father's Birthplace

Ohio

Name of Medical Attendant, or other Person who makes this Return.

J. W. McComb

Address

1217 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *April 17th 1880*  
4. Place of Birth (Street and Number) *87 S. Sticker St*  
5. Full Name of Mother *Sarah E. Coghill*  
6. Mother's Maiden Name *" " White*  
7. Mother's Birthplace *King George Co. Virginia*  
8. Full Name of Father *Benj. F. Coghill*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Lessex Co. Virginia*  
Name of Medical Attendant, or other Person who makes this Return. *McRegatta M.D.*  
Address *McRegatta & Cashman Sts.*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Apr 17, 1880

4. Place of Birth, (Street and Number)

Georgetown

5. Full Name of Mother

Elizabeth Lusman

6. Mother's Maiden Name

Wissel

7. Mother's Birthplace

Prussia

8. Full Name of Father

Joseph Lusman

9. Father's Occupation

Teacher

10. Father's Birthplace

France

Name of Medical Attendant,

or other Person who makes this Return.

Wm. M. H. H. H.

Address

St. Wall 14

Remarks

untrue

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth April 17<sup>th</sup> 1880  
 4. Place of Birth, (Street and Number) No 130 Battery Ave  
 5. Full Name of Mother Alice Mitchell  
 6. Mother's Maiden Name Barnett  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father Marion Mitchell  
 9. Father's Occupation Mariner  
 10. Father's Birthplace Maryland  
 Name of Medical Attendant, or other Person who makes this Return. R. C. Lee  
 Address N. W. Cor. Hanover & Barrister  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38651

RECEIVED  
22  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) white  
3. Date of Birth April 14 1880  
4. Place of Birth, (Street and Number) 4 Corn Exchange  
5. Full Name of Mother Katharine Kelling  
6. Mother's Maiden Name Katharine Landenschlager  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Christian Kelling  
9. Father's Occupation Carter & Cart  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this return. M. R. Rudiger  
Address 134 W. Bond St.  
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence name of the mother of such child or children.

# RETURN OF A BIRTH,

35659

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

EP  
22  
1880  
AL 111112

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ch
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth April 17 1880
4. Place of Birth, (Street and Number) 267 E. Edenstr.
5. Full Name of Mother Kathrine Senft
6. Mother's Maiden Name Kathr. Shank
7. Mother's Birthplace Baltimore
8. Full Name of Father Konrad Senft
9. Father's Occupation Carpenter
10. Father's Birthplace Germania
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 34 x Bondstr.
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

21653

APR 23 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
April 17<sup>th</sup> 1880  
Baltimore Sect. St. N. 25  
Gennie Lockington  
" Wilkins  
Baltimore  
Isaac Lockington  
Laborer  
Baltimore  
Mrs. G. Mitchell  
140 Ramsey St.

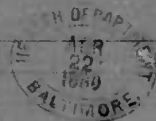
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *March 17th.*
4. Place of Birth (Street and Number) *289 Hamburg St.*
5. Full Name of Mother *Mary McKim*
6. Mother's Maiden Name *Mary Kennedy*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *John Mason*
9. Father's Occupation *Cabman*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return. *R. M. Hall M.D.*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) colored

3. Date of Birth April 17th

4. Place of Birth (Street and Number) no 4 Charrit alley

5. Full Name of Mother Mary E Anderson

6. Mother's Maiden Name Mary E Harmon

7. Mother's Birthplace Baltimore

8. Full Name of Father Jessy Anderson

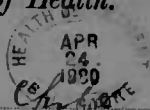
9. Father's Occupation labourer

10. Father's Birthplace Sent island

Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Porter

Address no 4 patpsco avenue

Remarks healthy child



For records of vital statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38656

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 17<sup>th</sup> 1880

4. Place of Birth (Street and Number)

25<sup>th</sup> St. N. W. 11<sup>th</sup> St.

5. Full Name of Mother

Myrtice J. J.

6. Mother's Maiden Name

Myrtice J. J.

7. Mother's Birthplace

Chambers Co.

8. Full Name of Father

John J.

9. Father's Occupation

Farmer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Miss J. J.

Address

25<sup>th</sup> St. N. W. 11<sup>th</sup> St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Settling at April 17<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *21 Settling at*

5. Full Name of Mother *Sallie City*

6. Mother's Maiden Name *" Dierfu*

7. Mother's Birthplace *Williamstown Va*

8. Full Name of Father *Loring H. City*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who  
makes this Return *D. C. Williams*

Address *201 Madison Ave*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 17th April 1880
4. Place of Birth, (Street and Number) 1129 Forrest St.
5. Full Name of Mother Catherine Borcharding
6. Mother's Maiden Name Cath. Lukke. Baltimore
7. Mother's Birthplace Heswig Borcharding
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation Restaurant Keeper
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Miel
- Address 328 S. Euter St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

38659  
MAY  
1900  
BALTIMORE

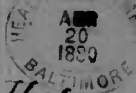
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth April 17th  
4. Place of Birth (Street and Number) 92 Pine St  
5. Full Name of Mother Margt. Wimmer  
6. Mother's Maiden Name Margaret Surgeon  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Leopold H. Wimmer  
9. Father's Occupation Salesman  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Smith  
Address 2 Cathedral St.  
Remarks



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*

1. Sex, (state whether male or female) *male child*

2. Race or Color, (if not of the white race) *Colored race*

3. Date of Birth, *April the 17th 1880*

4. Place of Birth, (Street and Number) *No 2 Little Broadway*

5. Full Name of Mother,

6. Mother's Maiden Name, *Glory Dodson*

7. Mother's Birthplace, *Dorchester County Md*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, *Lurinda Woolford*  
or other Person who makes this Return.

Address, *130 Regester St Baltimore*

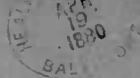
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38661

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7\*

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 17<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Randall Street No 27

5. Full Name of Mother

Jenny Freedy

6. Mother's Maiden Name

Jenny Elliott

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Alfred Freedy

9. Father's Occupation

Brickmaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hinton

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

35662

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 April

4. Place of Birth, (Street and Number)

2 Daren St

5. Full Name of Mother,

Annie Dorsey

6. Mother's Maiden Name,

Dorsey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Dorsey

9. Father's Occupation,

Miller

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Casper

Address,

52 B Lombard

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38663

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 17, 1880
4. Place of Birth (Street and Number) No 259 Hollen St.
5. Full Name of Mother Ella Paul
6. Mother's Maiden Name Bretten
7. Mother's Birthplace Balt.
8. Full Name of Father And. G. Paul
9. Father's Occupation Mechanic's
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return Chas. W. Jeff
- Address 306 N. Fayette St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

386612

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 17<sup>th</sup> 1881.

4. Place of Birth, (Street and Number)

219 Battery Ave.

5. Full Name of Mother,

Mary Karm

6. Mother's Maiden Name,

" Vella

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Geo. Karm.

9. Father's Occupation,

Barber.

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who  
makes this Return.

H. J. B. Tall M. D.

Address,

152 Sharp St.

Remarks, Child living -

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The third birth, a 7 month child.*
1. Sex (state whether male or female) *female.*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth *18th of April, 1880*
4. Place of Birth, (Street and Number) *424 Lexington Street.*
5. Full Name of Mother *Mary B. Winder.*
6. Mother's Maiden Name *Mary B. Boothlinghafer*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *John W. Winder.*
9. Father's Occupation *Cabinet maker.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife Mrs. Dunslear.*
- Address *60 Liberty St.*
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

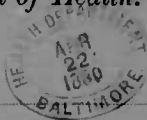
SEP  
22  
1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth April 18 1880
4. Place of Birth, (Street and Number) 411 N. Gay St.
5. Full Name of Mother Margred Kolb
6. Mother's Maiden Name Margred Kabe
7. Mother's Birthplace Baltimore
8. Full Name of Father Luis Kolb
9. Father's Occupation Brushmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Rudiger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18 of April 1880*
4. Place of Birth (Street and Number) *406 Canton Ave*
5. Full Name of Mother *Maggie Lench*
6. Mother's Maiden Name *Maggie Lench*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Lench*
9. Father's Occupation *Whelrider*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. rescessia Lench*
- Address *11 North Chappel street per Justina Lench*
- Remarks *Healthy*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

38665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 18 1880
4. Place of Birth, (Street and Number) No 20 Gay St
5. Full Name of Mother Mrs Mary Relliker
6. Mother's Maiden Name Ryer
7. Mother's Birthplace Baltimore
8. Full Name of Father George Relliker
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Galyka
- Address 155 N. Bond St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 1st
4. Place of Birth, (Street and Number) 251 Carlton Ave
5. Full Name of Mother Mrs. Kate Addicks
6. Mother's Maiden Name Bunker
7. Mother's Birthplace Germany
8. Full Name of Father Victor Addicks
9. Father's Occupation German
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Gatzke
- Address 251 Carlton Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35671

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 26 1890  
HEALTH DEPT  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh (11)*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *15th April*  
 4. Place of Birth (Street and Number) *No 10 Harrison Street*  
 5. Full Name of Mother *Brigitte Babel*  
 6. Mother's Maiden Name *Brigitte Mitz*  
 7. Mother's Birthplace *Bavaria*  
 8. Full Name of Father *John Babel*  
 9. Father's Occupation *Schneemaker*  
 10. Father's Birthplace *Prussia*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address *Lombard Street No 26 Leonard Druggist*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

April 18-1880

4. Place of Birth (Street and Number)

N<sup>o</sup> 10 Pa Avenue

5. Full Name of Mother

Elizabeth M Jacob

6. Mother's Maiden Name

Elizabeth M Ruhl

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John A Jacob

9. Father's Occupation

Saloon Keeper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

6 Minlow Md

Address

23 McCulloch St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 38672

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

34

Female

White

18th of April 1880.

324 E. Monument St.

Annie Havers

Annie Havers

Baltimore

Samuel Havers

Coach Painter

Baltimore

Mrs. Walker

1257 Caroline

Baltimore

( )

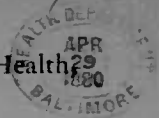
Two copies of this certificate to be sent to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

38673



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18<sup>th</sup> April*
4. Place of Birth (Street and Number) *100 Chesapeake st*
5. Full Name of Mother *Germina Flirkwood*
6. Mother's Maiden Name *Germina Collins*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Joseph Flirkwood*
9. Father's Occupation *Brick Builder*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this return *Mrs Sarah Collins*
- Address *104 Carey st Canton*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

386711

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April the 18. 1880*
4. Place of Birth (Street and Number) *No 10 Patterson ar*
5. Full Name of Mother *Louise Burman*
6. Mother's Maiden Name *Louise Detmold*
7. Mother's Birthplace *Burman Baltimore and*
8. Full Name of Father *John Burman*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr Ann M. Presley M.D.*
- Address *No 345 Penna ar*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38675

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

1880  
APR 12  
BAL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 18<sup>th</sup> 1880

4. Place of Birth (Street and Number) Baltimore Lee Street 7<sup>th</sup> 12

5. Full Name of Mother Annie Ludbrooks

6. Mother's Maiden Name Daugherty

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Ludbrooks

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mr. W. Elizabeth Seagrave

Address NR 220 Montgomery St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st

Female

White

April 18<sup>th</sup> 1880

163 N. Lombard St.

Alice Richardson.

"

near Vienna, Maryland.

Unknown

"

"

Spencer M. Freedman.

Maryland Maternity, 163 N. Lombard St.

Bald. med.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38677

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



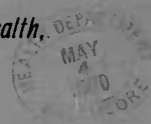
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Sunday 2 o'clock PM April 15<sup>th</sup> 1880  
 4. Place of Birth (Street and Number) Chesapeake St near Hudson St  
 5. Full Name of Mother Jamima Herkwood  
 6. Mother's Maiden Name Jamima Collins  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father Joseph Franklyn Herkwood  
 9. Father's Occupation Brick Maker  
 10. Father's Birthplace Baltimore City South Side  
 Name of Medical Attendant, or other Person who makes this Return. J. F. Richard M.D.  
 Address 28 C Donnell St  
 Remarks Was call in to assist a midwife profuse hemorrhage had taken place Both mother & child are now doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38678

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth.*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White.*  
 3. Date of Birth *April 18th 1880.*  
 4. Place of Birth (Street and Number) *21 Balme.*  
 5. Full Name of Mother *Mary Young*  
 6. Mother's Maiden Name *Mary O'Hara.*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *John Young*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Cyr. F. Erick M.D.*  
 Address *14 S. Broadway*  
 Remarks *Shoulder Presentation*  
*Child & Mother Well*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*Fourth.*

1. Sex (state whether Male or Female)

*Male.*

2. Race or Color (if not of the white race)

*White.*

3. Date of Birth

*April 18<sup>th</sup> 1880.*

4. Place of Birth (Street and Number)

*21 Barnes St*

5. Full Name of Mother

*Mary Young*

6. Mother's Maiden Name

*Mary Omer*

7. Mother's Birthplace

*Ireland*

8. Full Name of Father

*John Young*

9. Father's Occupation

*Laborer*

10. Father's Birthplace

*Ireland*

Name of Medical Attendant, or other Person who makes this Return.

*Aug F. Crick, M.D.*

Address

*14 S. Broadway*

Remarks

*Breech Presentation Child & M. Well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
1. Sex (state whether male or female) male  
2. Race or Color (if not of the white race) White  
3. Date of Birth April 18th 1884  
4. Place of Birth (Street and Number) 183 E. Baltimore St.  
5. Full Name of Mother Leanningsham  
6. Mother's Maiden Name Bald  
7. Mother's Birthplace John D. Connors  
8. Full Name of Father Don Moore  
9. Father's Occupation 19 Baltimore St.  
10. Father's Birthplace 17 Pelux  
Name of Medical Attendant, or other Person who makes this Return. E. J. [illegible]  
Address 17 Pelux  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 12 April
4. Place of Birth, (Street and Number) 205 Cedar Street
5. Full Name of Mother Maria Lammert
6. Mother's Maiden Name Puthowsky
7. Mother's Birthplace Prussia Germany
8. Full Name of Father Maximilian Puthowsky
9. Father's Occupation
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Maria Guttner
- Address Wells Street 245
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *15 April 1880*

4. Place of Birth (Street and Number) *15 Essex Street*

5. Full Name of Mother *Maggie Allman*

6. Mother's Maiden Name *Blume*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Israel Allman*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *None*

Address *15 Holland St.*

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

3868.3  
Over

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

Name of Child: Sambert Foster Cromwell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2<sup>d</sup>)

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Eighteenth April 1880

4. Place of Birth, (Street and Number) N. E. Cor. E. Fayette & Belthel St.

5. Full Name of Mother Mrs. Laura Lavinia Cromwell

6. Mother's Maiden Name Miss Laura C. Morgan

7. Mother's Birthplace Pennsylvania

8. Full Name of Father Mr. Sambert Cromwell

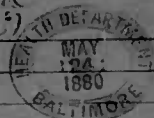
9. Father's Occupation Seal Maker

10. Father's Birthplace Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return. William H. Condit

Address No. 102 North Broadway

Remarks





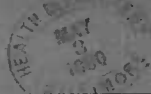
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

386811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth 19th April 1880
4. Place of Birth, (Street and Number) 29 Hill
5. Full Name of Mother Mary Mc Hugh
6. Mother's Maiden Name Cornier
7. Mother's Birthplace Balt
8. Full Name of Father Lawrence McHugh
9. Father's Occupation Clerk
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. H. W. McHugh
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children.  
1. Sex (state whether male or female) Male.  
2. Race or Color (if not of the white race) White.  
3. Date of Birth 19 of April.  
4. Place of Birth (Street and Number) William St. No. 115.  
5. Full Name of Mother Kate Butler.  
6. Mother's Maiden Name Kate McElhenny.  
7. Mother's Birthplace Baltimore.  
8. Full Name of Father William Butler.  
9. Father's Occupation Merchant.  
10. Father's Birthplace St. Louis, Mo.  
Name of Medical Attendant, or other Person who makes this Return. S. C. Jones, M.D.  
Address West St. No. 123.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

35686

DEPT. OF HEALTH  
APR 23 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

April 19  
316 S. Charles St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Ella Hammond

6. Mother's Maiden Name

Ella Hunter

7. Mother's Birthplace

Maryland

8. Full Name of Father

George Hammond

9. Father's Occupation

Painter

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

R. P. P. Davis M.D.  
316 Light St.

Address

Remarks

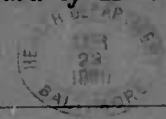
RECORDS OF THE STATISTICS OF THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38687

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 19th
4. Place of Birth, (Street and Number) No 39 Franklin St
5. Full Name of Mother Mrs Martha Hoffman
6. Mother's Maiden Name Sanford
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hoffman
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mrs Getzke
- Address No 464 Board St
- Remarks

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35688

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth April the 19th 180

4. Place of Birth, (Street and Number) Charlott Street No-113

5. Full Name of Mother Mary Elizabeth Bacon

6. Mother's Maiden Name Mary Elizabeth Matthews

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Samuel A. Bacon

9. Father's Occupation Writer

10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Sabine H. H. H.

Address 135 Charlott Street

Remarks Bath

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

35619

APR 22 1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth April 14 1880
4. Place of Birth (Street and Number) 81 Cambridge St
5. Full Name of Mother Emily Seazier
6. Mother's Maiden Name Emily Baker
7. Mother's Birthplace Baltimore city
8. Full Name of Father George Seazier
9. Father's Occupation laborer
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Charles A. M. Garrison
- Address 65 Burke St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## 35/90

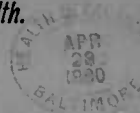
*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

- |  |   |
|--|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)                         | 5 <sup>th</sup>                             |
| 1. Sex (state whether male or female)  | Female                                      |
| 2. Race or Color (if not of the white race)                                      | White                                       |
| 3. Date of Birth   | April 19, 1880                              |
| 4. Place of Birth (Street and Number)  | 2 E. Cor. Fayette St. Bldg. 1 <sup>st</sup> |
| 5. Full Name of Mother   | Armi Clay Ball,                             |
| 6. Mother's Maiden Name  | Armi Clay Seward.                           |
| 7. Mother's Birthplace   | Maryland                                    |
| 8. Full Name of Father.  | Daniel Charles Ball,                        |
| 9. Father's Occupation   | Club  |
| 10. Further's Birthplace   | Maryland                                    |
| Name of Medical Attendant, <small>or other Person who makes this Return.</small> | D. H. Houchard                              |
| Address  | 75 C. Baltimore St.                         |
| Remarks  |   |

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *19 April 1880*  
 4. Place of Birth (Street and Number) *Galley St No 6*  
 5. Full Name of Mother *Henriette Hiss Gipson Stevens*  
 6. Mother's Maiden Name *Henriette Gipson*  
 7. Mother's Birthplace *Tolbert County*  
 8. Full Name of Father *George W Stevens*  
 9. Father's Occupation *laborer*  
 10. Father's Birthplace *Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *Mid wife Mrs Susan Morgan*  
 Address *No 47 North Tarran*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *April 19<sup>th</sup>*
4. Place of Birth (Street and Number) *2 Essex St*
5. Full Name of Mother *Mary Francis Roman*
6. Mother's Maiden Name *" " Stucke*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Thomas Roman*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley Dist. 7*
- Address
- Remarks *Premature Birth, 8 Months lived and lived 10 hours.*

For Return of Birth Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

35693

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *April 19th 1880*  
4. Place of Birth (Street and Number) *215 Orleans St*  
5. Full Name of Mother *Mary J. Melboym*  
6. Mother's Maiden Name *Mary J. Fairbanks*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *John Milbourn*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook, M.D.*  
Address *146 Hanover St*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

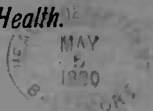
Remarks

*Fifth*  
*Male*  
*White*  
*April 19<sup>th</sup> 1880*  
*Nº 5 Summers Alley.*  
*Allen Cain*  
*Ellen Kearney.*  
*Ireland*  
*John Cain*  
*Laborer*  
*Baltimore City*  
*Mrs Eliza Cummings*  
*Nº 95 Calvermarle St City.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 20th 1880*

4. Place of Birth (Street and Number) *No 400 E. Chase Street*

5. Full Name of Mother *Clara W. Huntington*

6. Mother's Maiden Name *Clara W. Clark*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Charles C. Huntington*

9. Father's Occupation *Plasterer*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Whitford M.D.*

Address *# 125 E. Wisconsin Street*

Remarks *Physical condition good Presentation - vertex*  
*Labour Natural*

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Apr 20<sup>th</sup> 1880

4. Place of Birth (Street and Number) 110 Baltimore St.

5. Full Name of Mother Mary E. Dodson

6. Mother's Maiden Name Gantt

7. Mother's Birthplace Michigan

8. Full Name of Father Samuel F. Dodson

9. Father's Occupation clerk

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Thomas O'Brien M.D.  
587 Lexington St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38697

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
white  
April 20<sup>th</sup> 1880  
337 Madison St.  
Florence Thornton  
Florence Weaver  
Baltimore  
Julius Thornton  
Farmer  
Virginia  
J. W. McEntee  
121 W. Lombard St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38698

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 3 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Apr. 20. 1880.  
 4. Place of Birth, (Street and Number) 71 Stockton St.  
 5. Full Name of Mother Lamb Helen Brosnahan  
 6. Mother's Maiden Name Rinamen  
 7. Mother's Birthplace Balto. City  
 8. Full Name of Father C. F. Brosnahan  
 9. Father's Occupation Bricklayer  
 10. Father's Birthplace Washington D. C.  
 Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.  
 Address 431 Penna. Ave.  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

28699

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Apr 20 1880

E Lombard 265

Martha Green

Ann Lee

Pratt

Larry Green

Shipper

Mexico

Wm J. Green

141

Mar. 20/80



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

58700

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

APR 22 1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup> Kind*
1. Sex (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth *geboren den 20<sup>ten</sup> April*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 271 S. Dallas Str*
5. Full Name of Mother *Bernhardt Barbara Kaufmann*
6. Mother's Maiden Name *Barbara Graf*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Selach Kaufmann*
9. Father's Occupation *Handarbeiter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address *N<sup>o</sup> 197 S. Dallas Str*
- Remarks *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38701

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *20 of April*
4. Place of Birth (Street and Number) *431 Alicean st*
5. Full Name of Mother *Mary Morrissey*
6. Mother's Maiden Name *Morgansty*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael Morrissey*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address *No 30 Patterson Park Ave*
- Remarks .

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *Male.*
2. Race or Color (if not of the white race) *Wh.*
3. Date of Birth *22d April 1880 St. No 439.*
4. Place of Birth (Street and Number)
5. Full Name of Mother *Liese Haune*
6. Mother's Maiden Name *Liese Frieb*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Haune*
9. Father's Occupation *Maniser*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Sakima 6400 father.*
- Address *West St No 125.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 2870.3

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

23  
1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth 20 April
4. Place of Birth, (Street and Number) No 80 Spring Street
5. Full Name of Mother Mary Schultz
6. Mother's Maiden Name Michael
7. Mother's Birthplace Germany
8. Full Name of Father Hermann Schultz
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Joseph Linn
- Address 11 E C Green St
- Remarks —

REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38704-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April the 20, 1880.*

4. Place of Birth, (Street and Number) *Gough St. No. 30.*

5. Full Name of Mother, *Louise Schwarzkopf.*

6. Mother's Maiden Name, *Louise Lamm.*

7. Mother's Birthplace, *Hofenheim, Gr. Baden, Germany*

8. Full Name of Father, *Adam Schwarzkopf.*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Wibrecht, Gr. Hesse, Germany*

Name of Medical Attendant, *Mary E. Miller*  
or other Person who makes this return.

Address, *1 Dallas St. No. 26.*

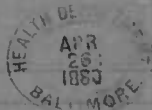
Remarks,

The any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38703-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 April

4. Place of Birth, (Street and Number)

13 Market Space

5. Full Name of Mother,

Marie Saliva

6. Mother's Maiden Name,

Duvain

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Saliva

9. Father's Occupation,

grocer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Sara Casper

Address,

52 Lombard

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38706

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 April
4. Place of Birth, (Street and Number) 75 Altmermarle
5. Full Name of Mother, Magie Storm
6. Mother's Maiden Name, Pleoon
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Will. Storm
9. Father's Occupation, Workman
10. Father's Birthplace, Balt. Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sara Casper
- Address, 52 E. Lombard
- Remarks,

*rect Record of Vital Statistics in the City of Baltimore.*

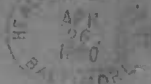
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

28707

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *20th of April*
4. Place of Birth (Street and Number) *482 Fremont St.*
5. Full Name of Mother *Margaret Robinson*
6. Mother's Maiden Name *Margaret Hardy*
7. Mother's Birthplace *Cincinnati Ohio*
8. Full Name of Father *James Robinson*
9. Father's Occupation *upholster*
10. Father's Birthplace *L. Somerville*
- Name of Medical Attendant, or other Person who makes this Return. *13 Clinton av*
- Address
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born; or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38708

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Malatto*

3. Date of Birth *April 20<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *No. 5 Ross Street*

5. Full Name of Mother *Sarah Williams*

6. Mother's Maiden Name *McNitts*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Ch. Williams*

9. Father's Occupation *Bookster*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address *12 C. Hamilton Street*

Remarks

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 38709

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

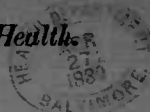
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth April 20, 1880
  4. Place of Birth, (Street and Number) 26 Clement St
  5. Full Name of Mother Anastasia Perkinson
  6. Mother's Maiden Name Anastasia Shalley
  7. Mother's Birthplace Ireland
  8. Full Name of Father William Perkinson
  9. Father's Occupation laborer
  10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks Alleged Ethel

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38710

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

April 20 - 1880

4. Place of Birth, (Street and Number)

No 108 Stanford Ave

5. Full Name of Mother

Margaret Alice Howard

6. Mother's Maiden Name

Margaret Alice Howard

7. Mother's Birthplace

Virginia

8. Full Name of Father

George E. Howard

9. Father's Occupation

Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address 286 N. Trench St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 20th 1880

4. Place of Birth, (Street and Number) 341 Sharp St.

5. Full Name of Mother Katie Herman

6. Mother's Maiden Name Conford

7. Mother's Birthplace Montgomery County

8. Full Name of Father Charles Herman

9. Father's Occupation Carpenter

10. Father's Birthplace Frederick Co.

Name of Medical Attendant, or other Person who makes this Return. Mary Hook

Address 328 S. Eutaw St.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

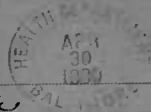
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

25713  
8<sup>th</sup>  
Female  
White  
April 20. 1880  
108 N. Eden St.  
Mary E. Rowe,  
Mary E. Paul,  
Maryland  
William B. Rowe,  
Sergeant of Police.  
Maryland  
J. M. Hockett and  
75 E. Bait. St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7  
1. Sex (state whether Male or Female) 3 Males  
2. Race or Color (if not of the white race) White  
3. Date of Birth April the 20 1880  
4. Place of Birth (Street and Number) Parish St. apt 44  
5. Full Name of Mother Annie M. Tobin  
6. Mother's Maiden Name Annie M. Tobin  
7. Mother's Birthplace Ireland  
8. Full Name of Father James Tobin  
9. Father's Occupation laborer  
10. Father's Birthplace Baltimore Md  
Name of Medical Attendant, or other Person who makes this Return. Wm S. Suburg  
Address 792 Parish St  
Remarks M. Tobin 44 Parish St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *20 April (not Sunday)*
4. Place of Birth (Street and Number) *Washington St. near North St.*
5. Full Name of Mother *Christine Lueder*
6. Mother's Maiden Name *Christine Lueder*
7. Mother's Birthplace *Harvard Germany*
8. Full Name of Father *Daniel A. Lueder*
9. Father's Occupation *Cabman is a saw mill*
10. Father's Birthplace *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Haldeman*
- Address *121 Park St. Baltimore*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *20<sup>th</sup> April*  
 4. Place of Birth (Street and Number) *Heare St, no Number*  
 5. Full Name of Mother *Mary Ann Holtzman*  
 6. Mother's Maiden Name *Mary Ann Senegan*  
 7. Mother's Birthplace *Baltz City*  
 8. Full Name of Father *Frank Holtzman*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this return *Mrs Sarah Sellers*  
 Address *104 Curly St*  
 Remarks

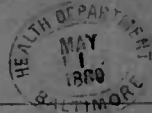


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth April the 20/1880
4. Place of Birth, (Street and Number) No 4 Baltimore city
5. Full Name of Mother Rachel Hewitt
6. Mother's Maiden Name Rachel Cothens
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Joseph Hewitt
9. Father's Occupation Upholster
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Meserich
- Address 345 Penna st
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Apr 21<sup>st</sup> 1880*

4. Place of Birth (Street and Number) *15 Carlton St*

5. Full Name of Mother *Margaret Brooks*

6. Mother's Maiden Name *Margaret Strattan*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Isaac Strattan*

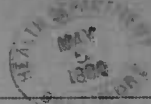
9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Dr Thomas Opie*

Address *581 Lexington St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *April 21 - 1880*
4. Place of Birth (Street and Number) *101 Sterling St*
5. Full Name of Mother *Elyabette Gray.*
6. Mother's Maiden Name
7. Mother's Birthplace *101 Sterling St*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Catharine E. Gray.*
- Address *N. 87 Spring*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *American*

3. Date of Birth *11th January*

4. Place of Birth (Street and Number) *214 1/2*

5. Full Name of Mother *Lizzie Bain*

6. Mother's Maiden Name *Kalgenman*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Bain*

9. Father's Occupation *Blacksmith*

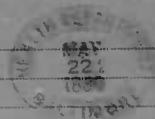
10. Father's Birthplace *Balti Md*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Mrs Rose Hellig*  
*45 Highland*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth  
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21<sup>st</sup> 1880

4. Place of Birth, (Street and Number).....

No. 276 Saratoga Street

5. Full Name of Mother,

Annie A. de Schuette

6. Mother's Maiden Name,

(Annie) A. B. Leonard

7. Mother's Birthplace,

Saxony

8. Full Name of Father,

George L. Schuette

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this return.

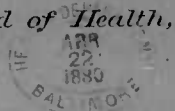
Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 21st 1880*

4. Place of Birth, (Street and Number) *No 336 Madison Av. Balt.*

5. Full Name of Mother, *Fannie Baldwin*

6. Mother's Maiden Name, *Moody*

7. Mother's Birthplace, *Columbus Ohio*

8. Full Name of Father, *Thomas Pills Baldwin*

9. Father's Occupation, *Commission Merchant*

10. Father's Birthplace, *Anne Arundel County Maryland*

Name of Medical Attendant, *Pembroke M. Wernble M.D.*  
or other Person who makes this Return.

Address, *No 203 W. Lombard St. Baltimore*

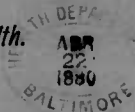
Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male (Steward Western)

2. Race or Color (if not of the white race) White

3. Date of Birth April 21st 1880

4. Place of Birth (Street and Number) 66 E. Baltimore St

5. Full Name of Mother Emma Western

6. Mother's Maiden Name Emma Goodman

7. Mother's Birthplace City

8. Full Name of Father William Western

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return. A. B. Arrowood M.D.

Address 7 S. High St

Remarks Change made by the Commissioner of Health (9/10/25) on above statement attached.

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 21<sup>st</sup> 1880*  
 4. Place of Birth (Street and Number) *206 Chew St*  
 5. Full Name of Mother *Catherine Turner*  
 6. Mother's Maiden Name *" Egger*  
 7. Mother's Birthplace *Baltimore, Md.*  
 8. Full Name of Father *George C Turner*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *D. W. Catheell M.D.*  
 Address *2 N. P. Washington*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The First Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Borne on the 21 day of October*
4. Place of Birth (Street and Number) *Baltimore 261 Cantonment*
5. Full Name of Mother *Mrs Anna Conger*
6. Mother's Maiden Name *Miss Jennie McCracken*
7. Mother's Birthplace *Baltimore M.D.*
8. Full Name of Father *Mr John E Conger*
9. Father's Occupation *A Glass Maker*
10. Father's Birthplace *Baltimore M.D.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address *16 13 Patterson Park Ave*
- Remarks

RECEIVED  
OCT 29  
1899

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

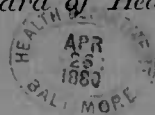
25/25  
J  
23  
1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth 21 April
4. Place of Birth, (Street and Number) 14237 Caroline St
5. Full Name of Mother Katharine Schmiedt
6. Mother's Maiden Name Bess raw
7. Mother's Birthplace Germany
8. Full Name of Father Adolph Schmiedt
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Lophrie Linn
- Address No 70 Granby St
- Remarks —

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 April

4. Place of Birth, (Street and Number)

80 E. Lombard

5. Full Name of Mother,

Paulina Hartington

6. Mother's Maiden Name,

Hood

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Henry Hartington

9. Father's Occupation,

Workingman

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Leasper

Address,

82 E. Lombard

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

31727  
APR 27 1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 21<sup>st</sup> 1880
4. Place of Birth (Street and Number) No 132 Lee St
5. Full Name of Mother Mary Burton
6. Mother's Maiden Name
7. Mother's Birthplace Accomac Co Va
8. Full Name of Father Levy Burton
9. Father's Occupation Laberer
10. Father's Birthplace Accomac Co Va
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomsell
- Address 71 Burgumay Alley
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth April 21<sup>st</sup> 1881

4. Place of Birth (Street and Number) 87 Chase St

5. Full Name of Mother Anna Clara Brown Cross

6. Mother's Maiden Name Anna Clara Brown

7. Mother's Birthplace Baltimore

8. Full Name of Father Cross

9. Father's Occupation Lawyer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes the Return.

Frank S. Smith

Address

Remarks

I, any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

APR  
29  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child  
female

1. Sex, (state whether male or female)

colored

2. Race or Color, (if not of the white race)

tuesday 21

3. Date of Birth,

4. Place of Birth, (Street and Number)

348 Howard St

5. Full Name of Mother,

Edwina Roy

6. Mother's Maiden Name,

Edwina Knight

7. Mother's Birthplace,

1814 Cambridge Md

8. Full Name of Father,

James Henry Roy

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Berry Hill Md

Name of Medical Attendant, or other Person who makes this Return.

John Stubbs

Address,

42 Sharp St.

Remarks,

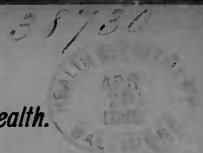
*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 28<sup>th</sup>, 1880.*
4. Place of Birth (Street and Number) *163 N. Lombard St.*
5. Full Name of Mother *Mary Lemow.*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *unknown*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Freeborn*
- Address *Maryland Matchworks, 163 N. Lombard St.*
- Remarks *Baltimore*  
*md*



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38731  
APR 23 1880  
1377

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 21 1880*
4. Place of Birth (Street and Number) *No 19 Halle Alley*
5. Full Name of Mother *Catherine Schaefer*
6. Mother's Maiden Name *Catherine Scharf*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Staylor*
9. Father's Occupation *Schoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Horner*
- Address *No 106 West st*
- Remarks



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 21st 1880*
4. Place of Birth (Street and Number) *No. 273 - Gough st.*
5. Full Name of Mother *Mattie E. W. -*
6. Mother's Maiden Name *Beuff*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *James W. W. -*
9. Father's Occupation *Boatman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. F. Clarke M.D.*
- Address *237 Gough st*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, next residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH  
MAY  
20  
1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth Apr 21st 1880

4. Place of Birth, (Street and Number) 112 2 Green St.

5. Full Name of Mother Minnie Ruhn

6. Mother's Maiden Name Remon

7. Mother's Birthplace Buffalo

8. Full Name of Father George H. Ruhn

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Dr. Henry  
161 Piccadilly

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

317311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth April 21st 1880  
 4. Place of Birth, (Street and Number) 305. Hamburg Street  
 5. Full Name of Mother Elizabeth Tribull  
Richstrin  
Penn.  
 6. Mother's Maiden Name Reinhold Tribull  
 7. Mother's Birthplace Manufacture of Bristles  
Germany  
 8. Full Name of Father Dr. Solomon Allen  
 9. Father's Occupation SE Cor Eager & Corlies Street  
 10. Father's Birthplace  
 Name of Medical Attendant, or other Person who makes this return.  
 Address  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Apr 22d 1880.  
 4. Place of Birth (Street and Number) 136 N. Schroeder  
 5. Full Name of Mother Alice Ann Duigley  
 6. Mother's Maiden Name Alice Ann Kane  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Wm H. Duigley  
 9. Father's Occupation Fireman  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this Return. Dr Thomas Opie  
 Address 581 Lexington St.  
 Remarks

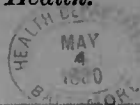
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38726

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



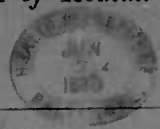
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Apr 22 - 80
4. Place of Birth (Street and Number) 25 Chen St
5. Full Name of Mother Isabella Jarvis
6. Mother's Maiden Name Isabella Bragg
7. Mother's Birthplace Ill
8. Full Name of Father Charles Jarvis
9. Father's Occupation Drayman
10. Father's Birthplace Ill
- Name of Medical Attendant, or other Person who makes this Return. W. H. Miller
- Address 807 N. Howard St
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 29 / 1880

4. Place of Birth, (Street and Number) 167 W. Pratt St.

5. Full Name of Mother Laura Labielle

6. Mother's Maiden Name " " Phylas

7. Mother's Birthplace Fredrick County Md.

8. Full Name of Father Robert Labielle

9. Father's Occupation Travel with Circus

10. Father's Birthplace Fredrick County

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary J. Dickman

Address 185 E. L.

Remarks

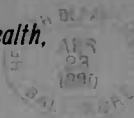
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

50738

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 22nd, 1880.*

4. Place of Birth (Street and Number) *37 Clark St.,*

5. Full Name of Mother *Matilda H. Devr.*

6. Mother's Maiden Name *Weddigen*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Charles H. Devr.*

9. Father's Occupation *Signer*

10. Father's Birthplace *Richmond, Va.*

Name of Medical Attendant, or other Person who makes this Return. *H. R. Fetterhoff, M.D.*

Address *205 W. Piddle St.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35739

APR 23 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

April 22 1880

1. Sex (state whether Male or Female)

girl

2. Race or Color (if not of the white race)

colored

3. Date of Birth

April 22 80

4. Place of Birth (Street and Number)

273 Mc Donough St

5. Full Name of Mother

Margret Green

6. Mother's Maiden Name

Margret Barnes

7. Mother's Birthplace

St Marys County

8. Full Name of Father

Samuel Green

9. Father's Occupation

St Stereodore

10. Father's Birthplace

St Marys County

Name of Medical Attendant, or other Person who makes this Return.

Mrs Frances Underdon

Address

20 81

Remarks

North Durham St  
Baltimore Md



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*

1. Sex, (state whether male or female) *White*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April the 22. 1880.*
4. Place of Birth, (Street and Number) *S. Bond St. No 265*
5. Full Name of Mother, *Elisabeth Schleiger*
6. Mother's Maiden Name, *Elisabeth Serscheidt*
7. Mother's Birthplace, *Balt<sup>y</sup> City*
8. Full Name of Father, *Ludwig Schleiger*
9. Father's Occupation, *Tavern Keeper*
10. Father's Birthplace, *Balt<sup>y</sup> City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*  
Address, *N. Dallas St. No 26.*

Remarks, \_\_\_\_\_

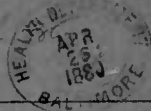
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 2, 1887
4. Place of Birth, (Street and Number) 73 Bank Street
5. Full Name of Mother Miriam Wisner
6. Mother's Maiden Name Miriam Brooks
7. Mother's Birthplace America
8. Full Name of Father George Wisner
9. Father's Occupation Teacher
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this return. Mrs. Mary L. Hall
- Address 27 North 11th St
- Remarks

Return of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

APR  
26  
1880  
BALTIMORE

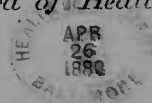
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female).. *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *22 April*
4. Place of Birth, (Street and Number) *26 N. Calvert*
5. Full Name of Mother, *Camille Dipole*
6. Mother's Maiden Name, *Capete*
7. Mother's Birthplace, *Italia*
8. Full Name of Father, *Cosetto Dipole*
9. Father's Occupation, *Fruit merchant*
10. Father's Birthplace, *Italia*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Para Barber*
- Address, *52 E. Lombard*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

317113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one & child of one mother*
1. Sex, (state whether male or female) *male & h. to*
2. Race or Color, (if not of the white race) *Colored & are*
3. Date of Birth, *April the 22-1880*
4. Place of Birth, (Street and Number) *183 Edon St Baltimore Md*
5. Full Name of Mother, \_\_\_\_\_
6. Mother's Maiden Name, *Alice Ball*
7. Mother's Birthplace, *Northumbria Co Va*
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, *Lucinda Woodford*  
or other Person who makes this Return.
- Address, *130 Regester St Baltimore Md*
- Remarks, \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 22 April
4. Place of Birth (Street and Number) Gate 27 1/2 High St.
5. Full Name of Mother Charles Pennell
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father John Robert Smith
9. Father's Occupation Wagoner
10. Father's Birthplace Virginia, Lancaster Co.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Conway
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38745

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 22<sup>d</sup> 1890

4. Place of Birth (Street and Number) Boundaries Ave near Mad. Ave

5. Full Name of Mother Rose A. Hoan

6. Mother's Maiden Name Rose A. Lambrecht

7. Mother's Birthplace Baltimore

8. Full Name of Father Philip C. Hoan

9. Father's Occupation Druggist

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. J. B. Uhler M.D.

Address 234 W. Fayette St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth April 22d 1880

4. Place of Birth, (Street and Number) Cor Monument & Chester str

5. Full Name of Mother Barbara Dinning

6. Mother's Maiden Name " Schlein

7. Mother's Birthplace City

8. Full Name of Father John Dinning

9. Father's Occupation Butcher

10. Father's Birthplace Germa.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address 245 Carlton Ave

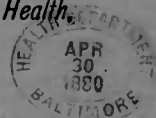
Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *14*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

3. Date of Birth

*22<sup>nd</sup> April 10. P.M.*

4. Place of Birth (Street and Number)

*376 ~~St~~ Lexington St*

5. Full Name of Mother

*Louisa Jacobs*

6. Mother's Maiden Name

*Louisa Lyons*

7. Mother's Birthplace

*Columbia S.C.*

8. Full Name of Father

*Frederick C. Jacobs*

9. Father's Occupation

*"Weigher"*

10. Father's Birthplace

*Charleston, S.C.*

Name of Medical Attendant, or other Person who makes this Return.

*J. M. Steinbock*

Address

*580 Lexington St*

Remarks

*Baltimore*



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male

White

April 22<sup>nd</sup>, 1880.

Maternite, 163 W. Lombard St.

Margaret Johnston.

Howard County, Md.

Unknown.

Spencer W. Free M.D.

Maryland Maternite, 163 W. Lombard St.  
Balto. Md.

rect, Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 23rd 1880*
4. Place of Birth (Street and Number) *21 Ething of*
5. Full Name of Mother *Sarah Hatzsuekin*
6. Mother's Maiden Name *" Hantz*
7. Mother's Birthplace *Bathman*
8. Full Name of Father *Jacob Hatzsuekin*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Bathman*
- Name of Medical Attendant, or other Person who makes this Return. *P. C. Williams*
- Address *201 Madison Ave*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 23

4. Place of Birth, (Street and Number) 141 Fremont Corner Price

5. Full Name of Mother Margaret Schmely

6. Mother's Maiden Name Margaret Michael

7. Mother's Birthplace Germany

8. Full Name of Father John Schmely

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anne Dumble & C. Leichter

Address \_\_\_\_\_

Remarks \_\_\_\_\_

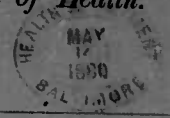
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their position in the womb, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

31761

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth April 23. 1880

4. Place of Birth, (Street and Number) 827 W. Pratt Str. Baltimore

5. Full Name of Mother Helene Baumann

6. Mother's Maiden Name Helene May.

7. Mother's Birthplace Helmarshausen Furthessen. German.

8. Full Name of Father Heinrich Baumann

9. Father's Occupation Lehrermeister

10. Father's Birthplace Helmarshausen Furthessen German.

Name of Medical Attendant, or other Person who makes this Return. Anna Dumber C. Schreier

Address \_\_\_\_\_

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH,

38752

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 23<sup>rd</sup> 1880

4. Place of Birth, (Street and Number) 175 Leet St

5. Full Name of Mother Mary Connolly

6. Mother's Maiden Name "

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Connolly

9. Father's Occupation Fireman B. & O. R.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M<sup>rs</sup> Mary A. Richmond

Address 185 Leet St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

31753

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 29<sup>th</sup> April 1880
4. Place of Birth, (Street and Number) 187. Conway St. near Avenue
5. Full Name of Mother Rachel Weston
6. Mother's Maiden Name " Dunn
7. Mother's Birthplace Balti. City
8. Full Name of Father Edmond Weston
9. Father's Occupation Carpenter
10. Father's Birthplace Balti. City
- Name of Medical Attendant, or other Person who makes this Return. Wm. Hoag A. Dickman
- Address 185 E. 2d St.
- Remarks \_\_\_\_\_

Local Regulations of the Board of Health in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

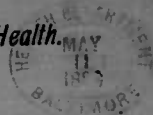
6th  
 Female  
 White  
 Apr 28<sup>th</sup> 1880  
 28 Green Mount Av  
 Mary Hedderman  
 " Blobs  
 Homena Coiled  
 Henry J H Hedderman  
 Collector  
 Baltimore  
 (Green Hill)  
 87 Mulberry St

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physicians, accoucheurs, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 23rd - 1890

4. Place of Birth (Street and Number)

149 Franklin St

5. Full Name of Mother

Mary B. Watson

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Thomas P. Watson

9. Father's Occupation

Truck Driver

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. K. Riddle  
By (M. A. Thompson)

Address

Remarks



# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

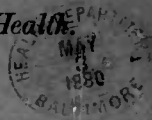
**Every effort was made to  
assure legibility and com-  
pleteness.**

Extract Regulations of the Board of Health to require a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4

boy

white

the April 23

Engls. St 265

Maria Dalby

Maria parquet

France

Francois Dalby

House

France

Wm. S. Wm.

42 Lovelansell Plwill

just born in France

Enact Regulations of the Board of Health to secure a full and correct

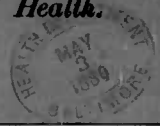
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

38757

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 23<sup>rd</sup> April 1880

4. Place of Birth, (Street and Number) 11 Warren St

5. Full Name of Mother Nellie Adderson

6. Mother's Maiden Name Dwartzky

7. Mother's Birthplace Balt.

8. Full Name of Father John A Adderson

9. Father's Occupation Clerk

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Dr W Wechsling M.D.

Address 57 Barnum St

Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6<sup>th</sup>)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 23<sup>rd</sup> 1880*
4. Place of Birth (Street and Number) *N<sup>o</sup> 331 Saratoga Street*
5. Full Name of Mother *Louisa Bronson*
6. Mother's Maiden Name *Louisa Heath*
7. Mother's Birthplace *England*
8. Full Name of Father *Edwin Bronson jr*
9. Father's Occupation *Clerk*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return *Thos J. Ward*
- Address *127 1<sup>st</sup> Paul St*
- Remarks *She had hemorrhages for a week had a long and tedious labor and placenta had to be taken*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Black*

3. Date of Birth *Apr. 23rd 1880*

4. Place of Birth (Street and Number) *30 Balto St*

5. Full Name of Mother *Oliver E. Sampson*

6. Mother's Maiden Name

7. Mother's Birthplace *Balto*

8. Full Name of Father *William H. Sampson*

9. Father's Occupation *Porter*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Jane D. Gaston*

Address *No 17 - Hamilton St*

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchateur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

April 23

# RETURN OF A BIRTH.

38760

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

~~Male~~ Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

April 23rd 1880

4. Place of Birth (Street and Number)

Baltimore - 100 Arlington Ave

5. Full Name of Mother

Mary E. Keister

6. Mother's Maiden Name

Mary E. Hoffman

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

William H. Keister

9. Father's Occupation

Produce Commission Man

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr E. R. Baer

Address

142 Bolton St

Remarks

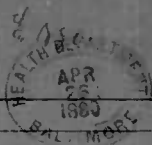
Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 24



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 23rd 1880

4. Place of Birth, (Street and Number) 101 Chapel Street

5. Full Name of Mother Amelia Gastiger

6. Mother's Maiden Name Amelia Vager

7. Mother's Birthplace America

8. Full Name of Father Charlie Gastiger

9. Father's Occupation Carpenter

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return Mrs Mary Amend

Address 131 South Wolfe St

Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38762

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 8 30 AM 1883

4. Place of Birth, (Street and Number) 47 Eastern Ave.

5. Full Name of Mother Louise Bryant

6. Mother's Maiden Name Louise Bryant

7. Mother's Birthplace America

8. Full Name of Father Louis Angell

9. Father's Occupation Confederate

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary Ann

Address 121 North Hollis St.

Remarks



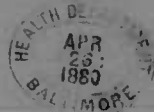
*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38763

To the Office of Registrar of Vital Statistics. Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *23 April*
4. Place of Birth, (Street and Number) *53 South*
5. Full Name of Mother, *Mie Heather*
6. Mother's Maiden Name, *Rifler*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Heather*
9. Father's Occupation, *Restaurant*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Wm David Casper*
- Address, *52 S. Lombard*
- Remarks,

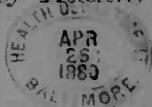
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

23 April

4. Place of Birth, (Street and Number)

18 E. Lombard

5. Full Name of Mother,

Martha Tenzel

6. Mother's Maiden Name,

Kieselt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Lambert Tenzel

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return.

Mrs Dora Casper

Address,

52 E. Lombard

Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

(state whether Male or Female)

Male

or Color (if not of the white race)

White

Time of Birth

April 23<sup>rd</sup> 1880

Place of Birth (Street and Number)

S. 22 Clinton St.

Name of Mother

Lizzie Casper

Mother's Maiden Name

Lizzie Benlein

Mother's Birthplace

Baltimore City

Name of Father

William Casper

Father's Occupation

Barber

Father's Birthplace

Baltimore County.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

The 1 child

Male child

Caucasian child

23 of April

32 1st peach Alley

Salley Mann

Salley Dean

Calvert county

frank Dean

Waller

francis farge

Wiley Cross

181 yarkesht

35766

APR 27 1899  
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 23<sup>rd</sup> of April 1880

4. Place of Birth, (Street and Number) 219 W. Broadway

5. Full Name of Mother Henrietta Sabbold

6. Mother's Maiden Name Henrietta Sabbold

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry J. Sabbold

9. Father's Occupation Dr. & Tailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address 1257 E. Charles St.

Remarks \_\_\_\_\_

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*  
 1. Sex (state whether Male or Female) *2 Females*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April the 13 1880*  
 4. Place of Birth (Street and Number) *Pratt St No 803*  
 5. Full Name of Mother *Mary Ellen*  
 6. Mother's Maiden Name *Mary Sig*  
 7. Mother's Birthplace *Elizabeth City Bat*  
 8. Full Name of Father *John G Sig*  
 9. Father's Occupation *bricklayer*  
 10. Father's Birthplace *King Wm Co Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs D. Suburgor*  
 Address *No 772 Pratt St*  
 Remarks *Mrs Ellen No 803 Pratt St*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38769

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Born
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth born on 23 April
4. Place of Birth, (Street and Number) N. Corner Faythard Carlin St.
5. Full Name of Mother Schane Müller
6. Mother's Maiden Name Schane Berner
7. Mother's Birthplace Deutschland
8. Full Name of Father Henrj Müller
9. Father's Occupation Butcher
10. Father's Birthplace Deutschland
- Name of Medical Attendant, or other Person who makes this Return. Friederike Baupmann
- Address N. 19 1/2 S. Dallas St.
- Remarks Hennel



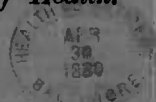
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

35710

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth April 23 1880
4. Place of Birth, (Street and Number) 170 E Baltimore Str
5. Full Name of Mother Lina Gardner
6. Mother's Maiden Name L Frank
7. Mother's Birthplace Germany
8. Full Name of Father Frederic Fieding Gardner
9. Father's Occupation Master
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 Bond Str.
- Remarks \_\_\_\_\_



**Return of a Birth.**

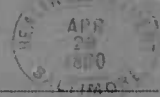
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# RETURN OF A BIRTH.

38771

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

April 23rd

4. Place of Birth (Street and Number)

142 N. Front St.

5. Full Name of Mother

Mrs. Alice Goale

6. Mother's Maiden Name

Alice Dodge

7. Mother's Birthplace

Boston Mass

8. Full Name of Father

James Goale

9. Father's Occupation

Policeman

10. Father's Birthplace

Alexander Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Mrs. Oliver 286 E. Monument St.

Remarks

Record of Vital Statistics in the City of Baltimore.

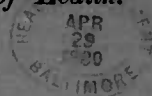
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# RETURN OF A BIRTH,

38772

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 23d 1880
4. Place of Birth, (Street and Number) No. 20 Cathedral
5. Full Name of Mother Martha Lee Jenkins
6. Mother's Maiden Name Martha Lee Jenkins
7. Mother's Birthplace Baltimore
8. Full Name of Father Edmond Plowden Jenkins
9. Father's Occupation Paymaster Balt. & Ohio Rail Road
10. Father's Birthplace Charles Co. - Md.
- Name of Medical Attendant, or other Person who makes this Return Dr. William J. M. D.
- Address 146 Park Avenue
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38773

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Apr 22d - 1880  
 4. Place of Birth (Street and Number) 115 Pearl St.  
 5. Full Name of Mother Mary Ann Newman.  
 6. Mother's Maiden Name O'Brien.  
 7. Mother's Birthplace Ireland.  
 8. Full Name of Father John B. Newman.  
 9. Father's Occupation Clerk  
 10. Father's Birthplace New York State.  
 Name of Medical Attendant, or other Person who make this Return. Dr. Thompson  
 Address 175 Saratoga St.  
 Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38774



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup> Child

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 23<sup>d</sup> 1880

4. Place of Birth (Street and Number) 36 Edging St

5. Full Name of Mother Ellen Briggs

6. Mother's Maiden Name Ellen Connelley

7. Mother's Birthplace City of Cork Ireland

8. Full Name of Father Robert Briggs

9. Father's Occupation Stone Cutter

10. Father's Birthplace Louisville Kentucky

Name of Medical Attendant, or other Person who makes this Return Mrs. Guel

Address 13 Hollands St

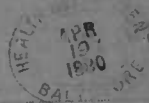
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38775

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
1. Sex (state whether Male or Female) male  
2. Race or Color (if not of the white race) Calord  
3. Date of Birth April the 23  
4. Place of Birth (Street and Number) Balti Pickett cort No 6  
5. Full Name of Mother Martha Smith  
6. Mother's Maiden Name Martha Wright  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Edward P Smith  
9. Father's Occupation Oyster Shucker  
10. Father's Birthplace Chesapeake and Snow Hill  
Name of Medical Attendant, or other Person who makes this Return Dr. J. M. Wilson  
Address No 10 Pickett cort.  
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38776

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth April 23d /80
4. Place of Birth (Street and Number) 285 N Lombard St.
5. Full Name of Mother Rebecca Lauer
6. Mother's Maiden Name Rebecca Schlose
7. Mother's Birthplace Va.
8. Full Name of Father William Lauer
9. Father's Occupation Merchant
10. Father's Birthplace Balto. City
- Name of Medical Attendant, or other Person who makes this Return. Abraham H. Howard M.D.
- Address 7 S. High St
- Remarks

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *American*
3. Date of Birth *22 April*
4. Place of Birth (Street and Number) *1000th Lane*
5. Full Name of Mother *Rose Tappin*
6. Mother's Maiden Name *Shawler*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Edward Tappin*
9. Father's Occupation *Bar Keeper*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Rose M. Light Stollman*
- Address *St. 11*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 24<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *52 Granby St.*

5. Full Name of Mother *Alice Loresa Byrns*

6. Mother's Maiden Name *Alice Loresa Smith*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Nicholas Byrns*

9. Father's Occupation *Truckman*

10. Father's Birthplace *Harford Co Md*

Name of Medical Attendant, or other Person who makes this Return. *John H. Conner*

Address *14 Disquith St.*

Remarks *none*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38779

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 24 of April 1880

4. Place of Birth, (Street and Number)

No 10 Bennet st. Canton

5. Full Name of Mother,

Sincy Simmon

6. Mother's Maiden Name,

Clark

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Steven A. Simmon

9. Father's Occupation,

Salora

10. Father's Birthplace, ...

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park Dr

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38780

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 24<sup>th</sup> 1880

4. Place of Birth (Street and Number) 36 York St

5. Full Name of Mother Emma Mitchell

6. Mother's Maiden Name Emma

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas Mitchell

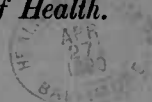
9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Thos L. Cooke M.D.

Address 146 Hanover St

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 24th April

4. Place of Birth, (Street and Number) #636 Charles St

5. Full Name of Mother Hellie Woods

6. Mother's Maiden Name Carter

7. Mother's Birthplace Baltimore

8. Full Name of Father John Woods

9. Father's Occupation Express Business

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Krol

Address 328 S. Euter St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

287821

HEALTH DEPARTMENT  
APR 30 1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 24, 1880
4. Place of Birth (Street and Number) No 20 Welsh Street
5. Full Name of Mother C. E. ~~Stearns~~ Stearns
6. Mother's Maiden Name C. E. Vies
7. Mother's Birthplace Saraford county
8. Full Name of Father W. H. ~~Stearns~~ Stearns
9. Father's Occupation Carpenter Builder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E. Schmitt
- Address N. 416 Penna St
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38753

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 1st Bine
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth born on 24 April
4. Place of Birth, (Street and Number) 196 Canton St
5. Full Name of Mother Emma Faust Gress
6. Mother's Maiden Name Emma Faust
7. Mother's Birthplace Baltimore
8. Full Name of Father John Gress
9. Father's Occupation Handcar-builder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Friederike Raupmann
- Address 197 S. Dallas St
- Remarks German

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth April 24, 80

4. Place of Birth (Street and Number) no 13 parish al

5. Full Name of Mother Harriet Mayers

6. Mother's Maiden Name Fb. Bell

7. Mother's Birthplace Easton shore

8. Full Name of Father James Mayers

9. Father's Occupation laborer

10. Father's Birthplace Easton shore

Name of Medical Attendant, or other Person who makes this Return. obhollet Doctor

Address no 10 Carlton St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35785

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 24th April 1880

4. Place of Birth, (Street and Number) 360 N. Charles Street

5. Full Name of Mother Mary Evans Mysee

6. Mother's Maiden Name Mary Evans Pattano

7. Mother's Birthplace Baltimore

8. Full Name of Father Alfred A. Breece

9. Father's Occupation Insurance Agent

10. Father's Birthplace Union County, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. C. H. Whitcomb M.D.

Address 146 Park Avenue

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38786

MAY  
1  
1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth April 24th 1880  
 4. Place of Birth (Street and Number) 38, Cohen St  
 5. Full Name of Mother Sarah Payne  
 6. Mother's Maiden Name Sarah Payne  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Not known  
 9. Father's Occupation Not known  
 10. Father's Birthplace Not known  
 Name of Medical Attendant, or other Person who makes this Return J. H. Payne M.D.  
 Address 200 Madison St  
 Remarks Baltimore



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38787

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex, (state whether male or female) *Female Child*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *April the 24 1880*
4. Place of Birth, (Street and Number) *242 Durham St Baltimore*
5. Full Name of Mother, *Luzer Hill*
6. Mother's Maiden Name, *Luzer Lane*
7. Mother's Birthplace, *Southampton Pa*
8. Full Name of Father, *Stephen Hill*
9. Father's Occupation, *White Washer*
10. Father's Birthplace, *Cambridge South Carolina*
- Name of Medical Attendant, *Lurinda Wolford*  
or other Person who makes this Return.
- Address, *30 Regester St Baltimore Md*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38758

1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th  
 1. Sex (state whether male or female) male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Apr: 24th  
 4. Place of Birth (Street and Number) 131 Lexington St  
 5. Full Name of Mother Marie A. Schauer  
 6. Mother's Maiden Name Marie A. Schauer  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Chas. A. Schauer  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Dr. Schauer  
 Address 2 Cathedral St.  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35789

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3rd child*
1. Sex (state whether male or female) *A Male child*
2. Race or Color (if not of the white race) *Color white*
3. Date of Birth *24 of April*
4. Place of Birth (Street and Number) *904. A. Hamberly street*
5. Full Name of Mother *Louisa Hall*
6. Mother's Maiden Name *Louisa Gray*
7. Mother's Birthplace *Ed cot. Mil*
8. Full Name of Father *Le Henry Gray*
9. Father's Occupation *Cytor Shuch*
10. Father's Birthplace *Cogert Conby*
- Name of Medical Attendant, or other Person who makes this Return. *Willy Cross*
- Address *181 York street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38790

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *april 24<sup>th</sup>*

4. Place of Birth (Street and Number) *134 York St*

5. Full Name of Mother *Sarah Jane Harkins*

6. Mother's Maiden Name *Sarah Jane Galaway*

7. Mother's Birthplace *Colbert County*

8. Full Name of Father *John Harkins*

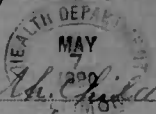
9. Father's Occupation *laborer*

10. Father's Birthplace *West Point Va*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter. no 4*

Address *pat's care*

Remarks *healthy child*



**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 24th 1890*

4. Place of Birth (Street and Number) *1615 State St*

5. Full Name of Mother *Harriet L. Parent*

6. Mother's Maiden Name *a daughter*

7. Mother's Birthplace *Philadelphia Penn*

8. Full Name of Father *Wm J Parent*

9. Father's Occupation *Brick Layer*

10. Father's Birthplace *Ind*

Name of Medical Attendant, or other Person who makes this Return *Dr. S. B. Lane M.D.*

Address *133 Court St*

Remarks

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

35792

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 25<sup>th</sup> 1880.

4. Place of Birth, (Street and Number)

132 S. Sharp St.

5. Full Name of Mother,

Caroline Borchers.

6. Mother's Maiden Name,

" Gerst.

7. Mother's Birthplace,

New Albany, Ind.

8. Full Name of Father,

Rev. Conrad Borchers.

9. Father's Occupation,

Minister

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall, M.D.

Address,

152 Sharp St.

Remarks,

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38793

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) Colored  
 3. Date of Birth April 25<sup>th</sup> 1880  
 4. Place of Birth (Street and Number) 42. Calvert st  
 5. Full Name of Mother Sarah J. Jones  
 6. Mother's Maiden Name Sarah J. Rhodes  
 7. Mother's Birthplace Kent County  
 8. Full Name of Father James Jones  
 9. Father's Occupation Drayman  
 10. Father's Birthplace Baltimore, Md.  
 Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson  
 Address # 5. Forrest St  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38794-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... the 9 child
1. Sex, (state whether male or female) ... female
2. Race or Color, (if not of the white race) ... White
3. Date of Birth, ... April, 25, 1890 ... Baltimore
4. Place of Birth, (Street and Number) ... No 15, Cherry St Federal Hill
5. Full Name of Mother, ... Louisa Haas
6. Mother's Maiden Name, ... Schaefer
7. Mother's Birthplace, ... Germany
8. Full Name of Father, ... Martin Haas
9. Father's Occupation, ... Glass Blower
10. Father's Birthplace, ... Germany
- Name of Medical Attendant, or other Person who makes this Return, ... Mrs. Catherine Leebach
- Address, ... 439 west Pratt St
- Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *April 25th 1880*  
4. Place of Birth (Street and Number) *701 Lexington St*  
5. Full Name of Mother *Annie C. A. Meyer*  
6. Mother's Maiden Name *" " Briel*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Henry W. A. Meyer*  
9. Father's Occupation *Bank Teller*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *J. H. Reppel M.D.*  
Address *1115 Gayles & Camden St.*  
Remarks

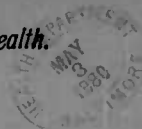
**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

**To the Office of Registrar of Vital Statistics, Board of Health.**  
**BALTIMORE CITY.**

38796



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colord*
3. Date of Birth *April 25 th.*
4. Place of Birth (Street and Number) *Rabourg st 41*
5. Full Name of Mother *Rosa B. Broxon*
6. Mother's Maiden Name *Rosa B. Johnson*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Broxon*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Fredrick Md*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Bias*
- Address
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 25<sup>th</sup> 1890

4. Place of Birth (Street and Number)

444 Chapel St.

5. Full Name of Mother

Mary Elizabeth Mead

6. Mother's Maiden Name

Miss Card

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Mead

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

U. E. Stein, M.D.

Address

195 N. Eden St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April the 25, 1880.*

4. Place of Birth, (Street and Number) *N. Dallas St. No 95.*

5. Full Name of Mother, *Katharina P. Desch.*

6. Mother's Maiden Name, *Katharina P. Schauberg*

7. Mother's Birthplace, *Balt<sup>mo</sup> City*

8. Full Name of Father, *Georg P. Desch.*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Balt<sup>mo</sup> City*

Name of Medical Attendant, *or other Person who makes this Return.* *Mary E. Miller*

Address, *N. Dallas St. No 26.*

Remarks, .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 27 1880  
H. A. L. 1700 P.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 25th, 1880

4. Place of Birth (Street and Number)

1184 N. Carrollton St.

5. Full Name of Mother

Emma Edwards

6. Mother's Maiden Name

Jordan

7. Mother's Birthplace

Baltimore Co. Md.

8. Full Name of Father

State Edwards

9. Father's Occupation

Commission Merchant

10. Father's Birthplace

New York (State)

Name of Medical Attendant, or other Person who makes this Return.

H. R. Lettenhoff M.D.

Address

205 W. Biddle St.

Remarks

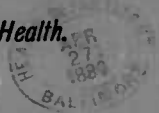
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38800



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sunday morning April 25th 1880

4. Place of Birth (Street and Number) 240 E. Lombard St.

5. Full Name of Mother Mary E. Baker

6. Mother's Maiden Name Mary E. Kimber

7. Mother's Birthplace Mount Holly N. J.

8. Full Name of Father Robt. Baker

9. Father's Occupation Leaw maker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton MD

Address "Vertex Presentation." #25 1/2 Grinnont Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38801

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

Name: Edward Grap

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 25 April 1880

4. Place of Birth (Street and Number) 49 North Chapel Street

5. Full Name of Mother Lunie Grap

6. Mother's Maiden Name Lunie (Graft) Grap

7. Mother's Birthplace Baltimore county

8. Full Name of Father Charles (Graft) Grap

9. Father's Occupation Seafaringman

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Martin Knobel

Address 11 North Chapel Street per Justice Knobel

Remarks Healthy

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Sept 25, 1880*  
 4. Place of Birth (Street and Number) *26 August St.*  
 5. Full Name of Mother *Mary Louisa Paul*  
 6. Mother's Maiden Name *Mary Louisa Foxwell*  
 7. Mother's Birthplace *Maryland*  
 8. Full Name of Father *Charles C. Paul*  
 9. Father's Occupation *Sea Captain*  
 10. Father's Birthplace *Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *J. W. Hook MD*  
 Address *75 E. Baltimore St.*  
 Remarks





# RETURN OF A BIRTH, 38803

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

April 25<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

272 Canton Ave

5. Full Name of Mother

Elizabeth Thurman

6. Mother's Maiden Name

" Bester

7. Mother's Birthplace

Ger. m.

8. Full Name of Father

Adalbert Thurman

9. Father's Occupation

Jeweler

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Bester  
245 Canton Ave

Address

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

388011

APR  
29  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup> Child  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

April 25<sup>th</sup> 1880  
552 West Pratt Street

4. Place of Birth (Street and Number)

5. Full Name of Mother

H. Katharina Kehl  
Katharina Farber

6. Mother's Maiden Name

7. Mother's Birthplace

Gudensberg, Hessen Cassel  
Christian Kehl  
Cabinet maker

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Wethershausen, Saxen  
Misses Schleifer  
No. 20 Columbia Sts.

Name of Medical Attendant, or other Person who makes this Return.

Address

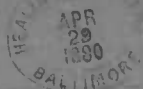
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38805



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) black

3. Date of Birth 25th of april

4. Place of Birth (Street and Number) harmony lane S 2

5. Full Name of Mother henry brown

6. Mother's Maiden Name henry brown

7. Mother's Birthplace baltimore

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. L. Sumnerville

Address 15 E. Clinton avenue

Remarks not married

**Extract Regulations of the General Health Officer of the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

38806



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*First to Female*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

*April 25-1880*

4. Place of Birth (Street and Number)

*213 N. Cutler St*

5. Full Name of Mother

*Margaret Triimper*

6. Mother's Maiden Name

*Born*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Daniel Triimper*

9. Father's Occupation

*Carpenter*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Dr. J. P. S. S. S.*

Address

*20 Columbia Ave*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 C  
 1. Sex (state whether Male or Female) Girl  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 25. April 1880  
 4. Place of Birth (Street and Number) No 10 Greenway St  
 5. Full Name of Mother Mary Thompson  
 6. Mother's Maiden Name Mary DeWalt  
 7. Mother's Birthplace Greenway  
 8. Full Name of Father Henry Thompson  
 9. Father's Occupation Shoemaker  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mary Margaret  
 Address No 90 Russell St  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH, 38808

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

TH 52  
1  
1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 25 April
4. Place of Birth, (Street and Number) 112 95 Northern Street
5. Full Name of Mother Maggie Weber
6. Mother's Maiden Name Wheeler
7. Mother's Birthplace Baltimore
8. Full Name of Father August Weber
9. Father's Occupation Baker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address 112 95 Northern St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar-General, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 25th 1880
4. Place of Birth, (Street and Number) No. 625 Baltimore St. Longwood
5. Full Name of Mother Henrietta Goedel
6. Mother's Maiden Name Hartung
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Goedel
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Eldon
- Address 5 E. E. Eyer (Carline & Son)
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist in, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38810

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr. 26 - 1880

4. Place of Birth, (Street and Number)

204 Pennsylvania Ave.

5. Full Name of Mother,

Lizzie Smith

6. Mother's Maiden Name,

Engler

7. Mother's Birthplace,

Carroll County

8. Full Name of Father,

Thos. B. Smith

9. Father's Occupation,

Tobacco merchant

10. Father's Birthplace,

Franklin Co. Va.

Name of Medical Attendant,

or other Person who makes this Return.

Dr. Gray Smith & Mrs. Ables

Address,

132 N. C. Church St.

Remarks,



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Apr. 26th 1880  
 4. Place of Birth, (Street and Number) Pt. Lane  
 5. Full Name of Mother Lisa Breckler  
 6. Mother's Maiden Name Ritter  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father Frederick Breckler  
 9. Father's Occupation Butcher  
 10. Father's Birthplace Maryland  
 Name of Medical Attendant, or other Person who makes this Return. Mr. Brooke Boyle M.D.  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38512  
MAY 3 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Apr. 26<sup>th</sup> 1880  
 4. Place of Birth, (Street and Number) 198 Mosher St.  
 5. Full Name of Mother Emma B. Ashbury  
 6. Mother's Maiden Name Olmer  
 7. Mother's Birthplace Newark N.J.  
 8. Full Name of Father Joseph M. Ashbury  
 9. Father's Occupation Tobacconist  
 10. Father's Birthplace Virginia  
 Name of Medical Attendant, or other Person who makes this Return. McChristian M.D.  
 Address 451 Kenner Ave.  
 Remarks \_\_\_\_\_

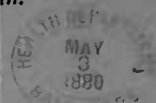
*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

28813



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Ninth*

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*Apr. 26<sup>th</sup> 1880*

4. Place of Birth (Street and Number)

*13 Greenmount Ave -*

5. Full Name of Mother

*Rosa Salisbury*

6. Mother's Maiden Name

*Rosa. Parrish*

7. Mother's Birthplace

*Balto. Md*

8. Full Name of Father

*Charles S. Salisbury*

9. Father's Occupation

*Policeman*

10. Father's Birthplace

*Balto Md*

Name of Medical Attendant, or other Person who makes this Return.

*Sarah Woodson*

Address

*330 Arisquit St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 2 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 26. 1880

4. Place of Birth, (Street and Number)

348 Lombard Street

5. Full Name of Mother,

Margetta Rupp

6. Mother's Maiden Name,

Margetta Gableck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Rupp

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Gettysburg Pa

Name of Medical Attendant, or other Person who makes this Return.

Louisa Wiley

Address, 112 Patterson Park

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38815

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 26th 1880

4. Place of Birth (Street and Number)

61 Barre St

5. Full Name of Mother

Theresa McCormor

6. Mother's Maiden Name

Theresa Boyle

7. Mother's Birthplace

Baltimore city

8. Full Name of Father

Phineas S. McCormor

9. Father's Occupation

Steam-hoist captain

10. Father's Birthplace

Salem N.H.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Lancy H. Barclay M.D.

Address

47 Conway St.

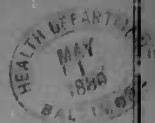
Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

**To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Apr. 26 " 1880.

4. Place of Birth (Street and Number)

163 W. Lombard.

5. Full Name of Mother

Elizabeth Norton

6. Mother's Maiden Name

Mckinoron

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Dr. Thomas Opie

Address

581 Lexington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 26 1881*
4. Place of Birth (Street and Number) *Hughes St No 32*
5. Full Name of Mother *Georgann Hoffman*
6. Mother's Maiden Name *Georgann Marvel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Hoffman*
9. Father's Occupation *Waterman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary G. Anderson*
- Address *No 10 Abys St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38818

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

MAY 3 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

21st April 1880

4. Place of Birth, (Street and Number)

377 Madison St.

5. Full Name of Mother,

Lizzie Male

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Joseph Philip

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address,

No 12 Patterson Park St.

Remarks,



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38819

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *brown skin*
3. Date of Birth *april 26 1880*
4. Place of Birth (Street and Number) *parish alley No 1*
5. Full Name of Mother *Mary Ford*
6. Mother's Maiden Name *Mary Aimes*
7. Mother's Birthplace *Eastern shore*
8. Full Name of Father *William Ford*
9. Father's Occupation *Laborer*
10. Father's Birthplace *born in md*
- Name of Medical Attendant, or other Person who makes this Return. *Luzia Somerville*
- Address *13 Clinton av*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38520

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth April 18 1886

4. Place of Birth (Street and Number) Baltimore Washington St No 710

5. Full Name of Mother Mary Hart

6. Mother's Maiden Name Mary Hart

7. Mother's Birthplace Germany

8. Full Name of Father John Hart

9. Father's Occupation Taylor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. May M.D. April 2

Address 61 Washington St

Remarks Mary Hart

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> Child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 14<sup>th</sup> April 1888

4. Place of Birth (Street and Number) 27 North Washington Street

5. Full Name of Mother Amelia Gidelman

6. Mother's Maiden Name Amelia Gidelman

7. Mother's Birthplace Germany

8. Full Name of Father John Gidelman

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address 22 North Chapel Street for Justina Kunkel

Remarks Healthy



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38822

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st 2*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race)

3. Date of Birth *26th April 1880*

4. Place of Birth (Street and Number) *355 Parry St*

5. Full Name of Mother *Mary Kemp*

6. Mother's Maiden Name *Mary Steward*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Nellie Kemp*

9. Father's Occupation *Gasman*

10. Father's Birthplace *Baltimore County Md.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H. H.*

Address *120 Parry St Baltimore*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

April 26th 1880

4. Place of Birth, (Street and Number)

No. 348 Charles st.

5. Full Name of Mother

Elizabeth Walker

6. Mother's Maiden Name

Talman

7. Mother's Birthplace

Germany

8. Full Name of Father

Frank Walker

9. Father's Occupation

Cigar maker

10. Father's Birthplace

America

Name of Medical Attendant, or other Person who makes this Return.

J. L. Lippard midwife

Address

330 Hammond st.

Remarks

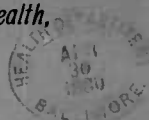
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38824

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether ~~1st~~, 2d, &c.) —
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 26 1885*
4. Place of Birth (Street and Number) *84 Lee St-*
5. Full Name of Mother *Minnie Thomas*
6. Mother's Maiden Name *Minnie Seary*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Samuel Thomas*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Annapolis County, Md.*
- Name of Medical Attendant, or other Person who makes this Return  
Address *498 W. Fayette St* *J W Correll M D*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *April 26 1880*  
 4. Place of Birth (Street and Number) *421 Chase St. W.*  
 5. Full Name of Mother *Mary Bigmen*  
 6. Mother's Maiden Name *Mary Horn*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Louis Bigmen*  
 9. Father's Occupation *laborer*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*  
 Address *65 Burke St*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist at, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

31126

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

HEALTH DEPT.  
APR 29 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second Birth female*  
 1. Sex, (state whether male or female) *female*  
 2. Race or Color, (if not of the white race) *colored race*  
 3. Date of Birth, *26*  
 4. Place of Birth, (Street and Number) *pearl street 46*  
 5. Full Name of Mother, *Lurina Collins Brown*  
 6. Mother's Maiden Name, *Lurina Collins*  
 7. Mother's Birthplace, *Saint Mary's Country MD*  
 8. Full Name of Father, *Philip Frank Brown*  
 9. Father's Occupation, *livery stable on Howard st*  
 10. Father's Birthplace, *Saint Mary's Country MD*  
 Name of Medical Attendant, or other Person who makes this Return, *Ellen Thob*  
 Address, *47 Sharp Street*  
 Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Third  
Female

April 26, 1880

251 N. Pratt st

Mary Rest  
Gropman

Carlisle Pa

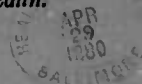
Charles Frederick Rest

Jeweler

Baltimore

Mrs Slifer

20 Columbia Ave



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 26

4. Place of Birth (Street and Number)

50 Cross St

5. Full Name of Mother

Elizabeth Goggin

6. Mother's Maiden Name

"Jungar

7. Mother's Birthplace

Parkway Co Pa

8. Full Name of Father

Robt Goggin

9. Father's Occupation

Laborer

10. Father's Birthplace

Northumberland Co Pa

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

RECEIVED  
MAY  
1  
1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child
- Sex (state whether male or female) Male
- Race or Color (if not of the white race) White
- Date of Birth 26th of April
- Place of Birth (Street and Number) 127 West Ave
- Full Name of Mother Mary Ann
- Mother's Maiden Name Mary Neely
- Mother's Birthplace Baltimore
- Full Name of Father William Edward Ann
- Father's Occupation Bookkeeper
- Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

35530

THE CITY OF BALTIMORE  
1880  
IMPROVEMENTS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 26<sup>th</sup>*  
 4. Place of Birth (Street and Number) *34 S. Greene St.*  
 5. Full Name of Mother *Theresa Block*  
 6. Mother's Maiden Name *Theresa Brown*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Sol. S. Block*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *H. J. Semler*  
 Address *No. 2 Cathedral St.*  
 Remarks

Return of Birth Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) Fifth 5th  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth April 26th 1880  
4. Place of Birth, (Street and Number) 476 E. Ball St  
5. Full Name of Mother Maggie B. Cleveland  
6. Mother's Maiden Name Donaldson  
7. Mother's Birthplace Baltimore City Md  
8. Full Name of Father Erwin R. Cleveland  
9. Father's Occupation Merchant  
10. Father's Birthplace Frederick City Md  
Name of Medical Attendant, or other Person who makes this Return. J. W. Selman M.D.  
Address 58 E. Eager & Caroline Sts  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 26th 1880*
4. Place of Birth (Street and Number) *105 Granby str*
5. Full Name of Mother *Sarah Rosewood*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Russia*
8. Full Name of Father *Joel Rosewood*
9. Father's Occupation *Builder*
10. Father's Birthplace *Russia*
- Name of Medical Attendant, or other Person who makes this return *Mrs C. Bernstein*
- Address *1136 Lombard st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 26<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *Baltimore Pratt St. N. E. 301*  
 5. Full Name of Mother *Delia M<sup>rs</sup>. Cornell*  
 6. Mother's Maiden Name *M<sup>rs</sup>. Lee*  
 7. Mother's Birthplace *Virginia*  
 8. Full Name of Father *Joseph M<sup>rs</sup>. Cornell*  
 9. Father's Occupation *Master*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs C. Mitchell*  
 Address *N. E. 140 Ramsey St.*  
 Remarks

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

38534

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

27th of April 1880.

4. Place of Birth, (Street and Number)

17 Murray Hill

5. Full Name of Mother

Lucy M. Dorsey

6. Mother's Maiden Name

Lucy M. Dorsey

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William S. Foster

9. Father's Occupation

Captain

10. Father's Birthplace

Eastern Shore, Maryland

Name of Medical Attendant, or other Person who makes this Return.

Henry Waller

Address

1257 W. Caroline

Remarks

Baltimore City



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38835



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 27th 1880*

4. Place of Birth (Street and Number) *\* 8 S. Chester St.*

5. Full Name of Mother *Martha A. M. E. Clintock*

6. Mother's Maiden Name *Reid*

7. Mother's Birthplace *Phila. Pa.*

8. Full Name of Father *Robert M. E. Clintock*

9. Father's Occupation *Rail Road Supervisor*

10. Father's Birthplace *Wilmington Del.*

Name of Medical Attendant, or other Person who makes the Return. *C. P. Evans M.D.*

Address *\* 406 E. Baltimore St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 27th Apr '80
4. Place of Birth (Street and Number) 390 S. Mid Hill Ave
5. Full Name of Mother Ella Hall
6. Mother's Maiden Name Ella Carey
7. Mother's Birthplace Ind
8. Full Name of Father Charles Knell
9. Father's Occupation Cocoa Dealer
10. Father's Birthplace Ind
- Name of Medical Attendant, Dr. Kellogg  
or other Person who makes this Return.
- Address 87 Moore St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HE  
MAY  
12  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth April 27<sup>th</sup> 1880
  4. Place of Birth, (Street and Number) No 253. N. Central Ave
  5. Full Name of Mother Margaret Bush
  6. Mother's Maiden Name Margaret Mooney
  7. Mother's Birthplace Balto
  8. Full Name of Father Joseph Bush
  9. Father's Occupation Butcher
  10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this return. Lena Hilligust
- Address 182 E Monument
- Remarks \_\_\_\_\_

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) American  
 3. Date of Birth 27 April  
 4. Place of Birth (Street and Number) 39 Forest Street  
 5. Full Name of Mother Heath Kelly  
 6. Mother's Maiden Name Long  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father George Kelly  
 9. Father's Occupation Shoemaker  
 10. Father's Birthplace Jackson  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane M. King  
 Address 45 Holladay St  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

38839

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth April 27 - 1880
4. Place of Birth, (Street and Number) 107 1/2 Light St.
5. Full Name of Mother Augusta E. Johnhardt
6. Mother's Maiden Name Choe
7. Mother's Birthplace Germany
8. Full Name of Father Julius Dickhardt
9. Father's Occupation Confectioner
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Schupers M.D. midwife
- Address 330 Hammond St.
- Remarks \_\_\_\_\_

Acting Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38840

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) th 1
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) color
3. Date of Birth April 22
4. Place of Birth (Street and Number) Balt. Hamburg st 280
5. Full Name of Mother Ellar Moore
6. Mother's Maiden Name Ellar Day
7. Mother's Birthplace Balt. City
8. Full Name of Father Peter Moore
9. Father's Occupation general work
10. Father's Birthplace Northhampton County Va.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Stevens
- Address St. Leadenhall St
- Remarks Well and can be expected

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 27. 1880

4. Place of Birth, (Street and Number) 41 Retreat St

5. Full Name of Mother Margaret A. Stein

6. Mother's Maiden Name Davis

7. Mother's Birthplace St Clair Pa

8. Full Name of Father Henry Stein

9. Father's Occupation Coal Driver

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Dominick M.D.

Address 431 Penna. Ave.

Remarks

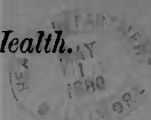
51841  
TH DEPT  
MAY 3  
1880

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38842

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 27 1880

4. Place of Birth (Street and Number) Quint St

5. Full Name of Mother Sophia Gould

6. Mother's Maiden Name Sophia Beling

7. Mother's Birthplace Baltimore

8. Full Name of Father Horace Gould

9. Father's Occupation Barber maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson

Address 4010 Elys St

Remarks

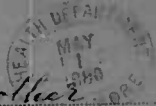


advise at the birth of any child, within the City of Baltimore, shall report to the Registrar a birth, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

9884.3

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *female Child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *April the 27. 1880*
4. Place of Birth, (Street and Number) *222 of Durham St Baltimore Md*
5. Full Name of Mother, \_\_\_\_\_
6. Mother's Maiden Name, *Sarah Seppin*
7. Mother's Birthplace, *Accomack County Va*
8. Full Name of Father, \_\_\_\_\_
9. Father's Occupation, \_\_\_\_\_
10. Father's Birthplace, \_\_\_\_\_
- Name of Medical Attendant, *Lucinda Woodford*  
or other Person who makes this Return.
- Address, *130 of Regent St Baltimore Md*
- Remarks, \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3884-11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 27 1880

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
  1. Sex (state whether Male or Female) Female
  2. Race or Color (if not of the white race) White
  3. Date of Birth June 27<sup>th</sup> 1880
  4. Place of Birth (Street and Number) 33 Summit St
  5. Full Name of Mother Francis Sullivan
  6. Mother's Maiden Name Frances Graham
  7. Mother's Birthplace Baltimore Md
  8. Full Name of Father
  9. Father's Occupation
  10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson
- Address 33 Summit St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38845

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

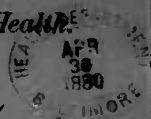
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Born
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth geboren den 27ten April
4. Place of Birth, (Street and Number) 1553 Longaster St.
5. Full Name of Mother Sophie Battrecht
6. Mother's Maiden Name Sophie Richmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Battrecht
9. Father's Occupation Seemann
10. Father's Birthplace Deutschland
- Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann
- Address 117 S. Dallas St.
- Remarks Heim

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

388116

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth April 27 - 1880

4. Place of Birth, (Street and Number) 11392 West St.

5. Full Name of Mother Catharine Peil

6. Mother's Maiden Name Heinlein

7. Mother's Birthplace America

8. Full Name of Father Frank Peil

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. J. Tobias war midwife

Address 331 Hanover St.

Remarks \_\_\_\_\_

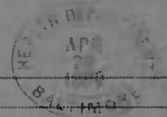
*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35517

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth April 27<sup>th</sup>
4. Place of Birth (Street and Number) 233 - 4<sup>th</sup> Gardin St
5. Full Name of Mother Mary E. Foster
6. Mother's Maiden Name Mary E. White
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father William Foster
9. Father's Occupation Stone Cutter
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. William Clark
- Address 2256 E. Monument St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38545

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *1st male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 27th 1880*

4. Place of Birth (Street and Number) *Light St 568*

5. Full Name of Mother *Fanny G Jackson*

6. Mother's Maiden Name *Fanny G Thompson*

7. Mother's Birthplace *Balt City Md*

8. Full Name of Father *Samuel B Jackson*

9. Father's Occupation *Boating*

10. Father's Birthplace *Balt City Md*

Name of Medical Attendant, or other Person who makes this Return. *E. J. Skinton*

Address *Frost Ave No 121*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38849

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April, 27<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *68 S. Broadway*

5. Full Name of Mother *Sallie E. McShane*

6. Mother's Maiden Name *Bradley*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James E. McShane, M.D.*

9. Father's Occupation *Physician*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



*James E. McShane, M.D.*  
*68 S. Broadway*

Get Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38850

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 27 April  
 4. Place of Birth (Street and Number) No 1 Vincent St.  
 5. Full Name of Mother Edw. Missouiri Fowles  
 6. Mother's Maiden Name Farfield  
 7. Mother's Birthplace Near Westminster, Carroll Co. Md.  
 8. Full Name of Father Theodore H. Fowles  
 9. Father's Occupation Coachman at present Collector  
 10. Father's Birthplace Manchester, Carroll Co. Md.  
 Name of Medical Attendant, or other Person who makes this Report Charles F. Geiger, M.D.  
 Address No. 105 Argyle Ave.  
 Remarks



That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

~~Baltimore~~  
BALTIMORE CITY.

*Nancy Child* ~~Isabella~~ *Johann Georg Miller*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Boy*

*White*

*27 April 1880*

*No. 76 Russell St. Staubenau*

*Emilie*

*Amelia*

*Miller*

*Germany*

*Johann*

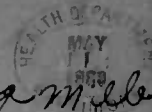
*Miller*

*Miller*

*Baltimore*

*Mary Hagerman*

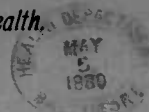
*No. 76 Russell St.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



388521

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 21<sup>st</sup> 1880

4. Place of Birth (Street and Number) Baltimore Ramsey St. No. 142

5. Full Name of Mother Kate Shinkler

6. Mother's Maiden Name Burkley

7. Mother's Birthplace Washington

8. Full Name of Father George Shinkler

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. G. Mitchell

Address No. 140 Ramsey St.

Remarks

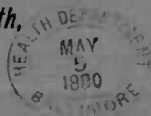
True Record of Vital Statistics is the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38853

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_  
1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_  
2. Race or Color (if not of the white race) white  
3. Date of Birth April 27<sup>th</sup> 1880  
4. Place of Birth (Street and Number) 36 Lennon  
5. Full Name of Mother Julia Leonard  
6. Mother's Maiden Name Leonard  
7. Mother's Birthplace Ireland  
8. Full Name of Father P. Leonard  
9. Father's Occupation Mechanic  
10. Father's Birthplace Ireland  
Name of Medical Attendant, or other Person who makes this Return. Edw. J. Nicholson  
Address 279. W. Lombard  
Remarks \_\_\_\_\_

First Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and colour of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38854

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*White*  
*April 27<sup>th</sup> 1880*  
*44 S. Oregon*  
*Phyll Downey*  
*Downey*  
*Balto*  
*S. J. O'Neil*  
*Police Officer*  
*Balto*  
*Edw. J. McHoleman*  
*279. W Lombard*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1880-401.  
38855

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 27, 1880*

4. Place of Birth (Street and Number) *132 Bolton St.*

5. Full Name of Mother *Mrs. Rich<sup>d</sup>. J. C. Jones*

6. Mother's Maiden Name *Phemena H. Howard*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Richard J. C. Jones*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Queen Ann's C<sup>y</sup>. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. R. H. Howard, M.D.*

Address *71 Franklin St.*

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Annie Kate Glaspy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

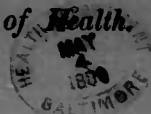
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



14  
Female  
White  
28th April 1880

331 Cleary St.  
L. Glaspy  
L. Glaspy

Baltimore  
Charles Glaspy  
L. Cavalier  
Baltimore

Man Man

135 W. W. W. St.

Baltimore

CERTIFICATE CORRECTED 12-7-53

6. M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 28 April
4. Place of Birth (Street and Number) No 203 South St
5. Full Name of Mother Marapat Kasper
6. Mother's Maiden Name Marapat Schiffer
7. Mother's Birthplace Baltimore
8. Full Name of Father George Schiffer
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Christina Laner
- Address 175 Kasper cr.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

28858

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

TH H  
MAY  
1880  
1008

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Coloured

3. Date of Birth

28 April

4. Place of Birth (Street and Number)

150 S. Eutaw St.

5. Full Name of Mother

Mrs. Maggie Branton

6. Mother's Maiden Name

Miss M. W. W. W.

7. Mother's Birthplace

Eastern Shore, V. A.

8. Full Name of Father

Charles Branton

9. Father's Occupation

Porter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. W. W.

Address

150 S. Eutaw St.

Remarks



Not to be filled out by any person in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38859

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Boys*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28 April*
4. Place of Birth (Street and Number) *Belair Avenue*
5. Full Name of Mother *Katharine Taylor*
6. Mother's Maiden Name *" " Sapping*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Henry Taylor*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Conrad*
- Address *2a Barnes St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38860

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child not named.*
- Sex (state whether male or female) *Girl Child*
- Race or Color (if not of the white race) *Colored.*
- Date of Birth *Wednesday, Nov. 28, 1880.*
- Place of Birth (Street and Number) *1111 Penn. Ave. N. W.*
- Full Name of Mother *Josephine Bailey*
- Mother's Maiden Name *Josephine Belt*
- Mother's Birthplace *Baltimore, Md.*
- Full Name of Father *Joseph Bailey*
- Father's Occupation *in the line of Bill*
- Father's Birthplace *Dorchester County*
- Name of Medical Attendant, or other Person who makes this Return. *Harvey Brown*
- Address *N. 5<sup>th</sup> Pine St. N. W.*
- Remarks

in any city, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

38861



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *female Child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *April the 28-1880*
4. Place of Birth, (Street and Number) *203 Durham St Baltimore Md*
5. Full Name of Mother, *Lerae Bosston*
6. Mother's Maiden Name, *Lerae Rogers*
7. Mother's Birthplace, *Baltimore County Md*
8. Full Name of Father, *Thomas H Bosston*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baltimore County Md*
- Name of Medical Attendant, *or other Person who makes this Return. Surinda Woolford*
- Address, *130 N Regester St Baltimore Md*
- Remarks,

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



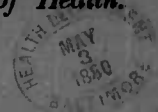
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9th April*
4. Place of Birth (Street and Number) *212 Broadway*
5. Full Name of Mother *Elizabeth L. Lipp*
6. Mother's Maiden Name *Anna Lipp*
7. Mother's Birthplace *Manchester, Conn. county, N.H.*
8. Full Name of Father *John T. Lipp*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Rothenburg, Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. Lipp*
- Address *John T. Lipp 212 Broadway Baltimore*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38863

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Apr 28, 1880

4. Place of Birth, (Street and Number)

Charmers 357

5. Full Name of Mother

Mary Porter

6. Mother's Maiden Name

Walker

7. Mother's Birthplace

Balt

8. Full Name of Father

Wickens Porter

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Hancock

Address

2411 State St

Remarks

Wm. J. Hancock

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

3554

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

HEALTH DEPT  
MAY 3 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Apr. 28. 1880

4. Place of Birth, (Street and Number)

W. E. Green St. 244

5. Full Name of Mother

Mary Elmer

6. Mother's Maiden Name

Longbecker

7. Mother's Birthplace

Balt.

8. Full Name of Father

Isaac Elmer

9. Father's Occupation

Barber

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. M. M. M. M.

Address

W. H. H. H. H.

Remarks

Wm. J. M. M. M.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) .....
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *April the 28, 1880*
  4. Place of Birth, (Street and Number) *Easton St, No 73*
  5. Full Name of Mother, *Amalia Haskell.*
  6. Mother's Maiden Name, *Amalia Willey*
  7. Mother's Birthplace, *Baldt City*
  8. Full Name of Father, *Henry Haskell*
  9. Father's Occupation, *Labourer*
  10. Father's Birthplace, *Baldt City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*  
Address, *N. Tallow St. No 26,*  
Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38866

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

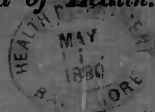
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup> Child
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Chinook race
3. Date of Birth Wednesday April 22. 1890
4. Place of Birth (Street and Number) 160 North E. Union St.
5. Full Name of Mother Caroline Jensen
6. Mother's Maiden Name Carlson Stephens
7. Mother's Birthplace San Francisco County
8. Full Name of Father Horace Jensen
9. Father's Occupation Carpenter
10. Father's Birthplace Washington County
- Name of Medical Attendant, or other Person who makes this Return. Midwife C. F. Lockman
- Address N<sup>o</sup> 41 1/2 North E. Street - Extended
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth April 25<sup>th</sup>

4. Place of Birth, (Street and Number) Georgetown at No 114

5. Full Name of Mother Betty L. Rice

6. Mother's Maiden Name Betty L. General

7. Mother's Birthplace New York State

8. Full Name of Father George W. Rice

9. Father's Occupation Miner

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. General

Address 17 Georgetown

Remarks Mother and child delivered well

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4tes Kind
1. Sex (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiss
3. Date of Birth geboren den 28ten April
4. Place of Birth, (Street and Number) N 13 Canby Str
5. Full Name of Mother Magdalena Wiegner
6. Mother's Maiden Name Magdalena Bernke
7. Mother's Birthplace Deutschland
8. Full Name of Father Sehen Wiegner
9. Father's Occupation Handarbeiter
10. Father's Birthplace Deutschland
- Name of Medical Attendant, or other Person who makes this return. Friederike Krausmann
- Address N 19 1/2 S. Dallas Str
- Remarks Heimlich

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

April 28<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

146 S Register St

5. Full Name of Mother

Barbara Wheedon

6. Mother's Maiden Name

Wieman

7. Mother's Birthplace

City

8. Full Name of Father

Thomas Wheedon

9. Father's Occupation

Moulder

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Apr 28

4. Place of Birth (Street and Number)

88 Charles St. An.

5. Full Name of Mother

Silvia E. Durale

6. Mother's Maiden Name

Owens

7. Mother's Birthplace

Balt.

8. Full Name of Father

Harry Durale

9. Father's Occupation

Merchant

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address

251 Mad. An.

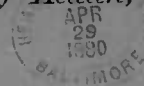
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

38871

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *April 28<sup>th</sup> / 80*  
4. Place of Birth, (Street and Number) *395 N. Green -*  
*Mary Hecht*  
5. Full Name of Mother, *W. Higgin*  
6. Mother's Maiden Name, *Richmond Co*  
7. Mother's Birthplace, *Mary Hecht*  
8. Full Name of Father, *Chas.*  
9. Father's Occupation, *Richmond Co*  
10. Father's Birthplace, *Chas. M. D.*  
Name of Medical Attendant, *Dr. H. M. D.*  
or other Person who makes this Return.  
Address, *Car. Street & Pashman*  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,.....

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2d.  
Male  
White  
April 28/80  
i. Woodruff  
Susan  
Club  
Baltimore  
John  
Co. Driver  
Baltimore  
G. W. Arms M.D.  
Co. Stickney & Prudden

APR 29 1880  
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38873

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

M-

28 June 1880

7 Church St.

May Ann Mitchell

" " Jane

Balto.

W. A. Mitchell

Ship Chandler

Balto.

Augustus W. Dodgins

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*  
1. Sex (state whether male or female) *male*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *May April 28<sup>th</sup> 1880*  
4. Place of Birth (Street and Number) *566 Franklin St*  
5. Full Name of Mother *Mary Emma Roberts*  
6. Mother's Maiden Name *Mary Emma Scott*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Joseph F. Roberts*  
9. Father's Occupation *Merchant Clerk*  
10. Father's Birthplace *Mayland*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. Hermann*  
Address *64 N. Poca St. Balt.*  
Remarks *Natural Labor*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38875  
MAY 10 1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 28<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 740 Maryland Avenue
5. Full Name of Mother Maience Hood
6. Mother's Maiden Name Terence Hayden
7. Mother's Birthplace Virginia
8. Full Name of Father John M. Hood
9. Father's Occupation Engineer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. W. Riley M. D.
- Address 306 Maryland Avenue
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38876

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether ~~male~~ or female) White

2. Race or Color (if not of the white race) White

3. Date of Birth April 28/80

4. Place of Birth (Street and Number) 107th St. Cor. Lenox Park

5. Full Name of Mother Emma Eunis

6. Mother's Maiden Name " "

7. Mother's Birthplace Baltic, Md.

8. Full Name of Father 107th Eunis

9. Father's Occupation Minchinish

10. Father's Birthplace Baltic, Md.

Name of Medical Attendant, or other Person who makes this Return. A. L. Fisher M.D.

Address 379 N. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



38877

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
April 28<sup>th</sup> 1880  
Baltimore Ramsey 411.102  
Caroline, Mercer  
Freeman  
Baltimore  
Thomas Mercer  
Blacksmith  
Baltimore  
Mrs. C. Mitchell  
A. H. C. Ramsey St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4<sup>th</sup>  
Female  
White  
April 28<sup>th</sup> 1880  
Baltimore Parkin St. No. 14  
Laura Whelan  
Hagerman  
Baltimore  
James Whelan  
Shoemaker  
Canada  
Mrs. C. M. M. M. M.  
No. 140 Consey St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 29<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 92 1/2 Paxon St.

5. Full Name of Mother Lizzie Stralene

6. Mother's Maiden Name Lizzie Dean

7. Mother's Birthplace Maryland

8. Full Name of Father Bastien Stralene

9. Father's Occupation Brick Layer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine L. L.

Address 4557 Ban Lane. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39980

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 27th 1880

4. Place of Birth (Street and Number)

Ex. 4th St.  
1st Floor

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

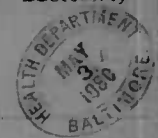
Remarks

Dr. J. M. H. [illegible]  
#145 Calverton Street  
This is an illegitimate birth and should  
it be entered in Register of Births

and may advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 38881

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, 29 April  
4. Place of Birth, (Street and Number) 55 High St  
5. Full Name of Mother, Clara Mc Kene  
6. Mother's Maiden Name, Brand  
7. Mother's Birthplace, P. Pennsylvania  
8. Full Name of Father, Alton Mc Kene  
9. Father's Occupation, Workman  
10. Father's Birthplace, Balt. Md  
Name of Medical Attendant, or other Person who makes this Return, Mrs. Sara Casper  
Address, 52 B. Lombard St  
Remarks, \_\_\_\_\_

See Return of Birth Statement in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

28882



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 67th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth 21 April

4. Place of Birth (Street and Number) 1817 Banks St.

5. Full Name of Mother Martha Johnson

6. Mother's Maiden Name Martha Micks

7. Mother's Birthplace Annapolis County Md

8. Full Name of Father Robert Johnson

9. Father's Occupation Genl Dealer

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return Mary G. Duane

Address 57 Myer's Street

Remarks Living well

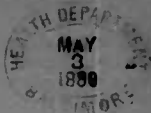


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

38883

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Still-born April 29<sup>th</sup> 1880  
4. Place of Birth (Street and Number) Bolton St.  
5. Full Name of Mother Harriet Gable  
6. Mother's Maiden Name Harriet Sterling  
7. Mother's Birthplace Baltimore Co.  
8. Full Name of Father Jos. H. Gable  
9. Father's Occupation Lawyer  
10. Father's Birthplace Baltimore Co.  
Name of Medical Attendant, or other Person who makes this Return J. C. Chorr M. D.  
Address 141 Lombard St.  
Remarks The death of the child was due to uterine hemorrhage caused by lifting a trunk some weeks ago.

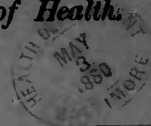
Record of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

38884

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Apr 29 1880  
E. Lombard 343  
Marie Henger  
Domestic  
Balt.  
John Henger  
Broommaker  
Balt.  
Wm. H. Marshall  
J. Wolf 14

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 29<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *East Ave No 114*
5. Full Name of Mother *Kate Dunn*
6. Mother's Maiden Name *Kate Carson*
7. Mother's Birthplace *Balt city md*
8. Full Name of Father *John Dunn*
9. Father's Occupation *can maker*
10. Father's Birthplace *Balt city md*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Keinton*
- Address *East Ave No 121*
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name of child: Flora Adele Falkenstein

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 29/80.

4. Place of Birth (Street and Number)

140 E. Gay St.

5. Full Name of Mother

Laura A. Falkenstein

6. Mother's Maiden Name

Betty

7. Mother's Birthplace

Manchester, Md.

8. Full Name of Father

Charles Falkenstein

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

A. R. Rietterhoff, M.D.

Address

205 W. Biddle

Remarks

First Record of your children in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

31887

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 11th child

1. Sex (state whether male or female)

female child

2. Race or Color (if not of the white race)

colored child

3. Date of Birth

29 of April

4. Place of Birth (Street and Number)

1832 S. Hamber's street

5. Full Name of Mother

Burnell maker

6. Mother's Maiden Name

Burnell Gross

7. Mother's Birthplace

Colvert County

8. Full Name of Father

J. J. Gross

9. Father's Occupation

soldier on the War

10. Father's Birthplace

Colvert county

Name of Medical Attendant, or other Person who makes this Return.

Chilley Gross

Address

18 York street

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth April 29. 1880  
 4. Place of Birth (Street and Number) No 552 W. Balt. St.  
 5. Full Name of Mother Anne Price  
 6. Mother's Maiden Name Reynolds  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John Price  
 9. Father's Occupation Engineer  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Anne Sindner  
 Address No 45 Myones St  
 Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38889

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) wh.
3. Date of Birth Apr 29<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 41 McHenry St
5. Full Name of Mother Katie Boyer
6. Mother's Maiden Name Watkins
7. Mother's Birthplace Montgomery Co Md
8. Full Name of Father John H. Boyer
9. Father's Occupation Road Operator
10. Father's Birthplace New City Md
- Name of Medical Attendant, or other Person who makes this Return. T. C. Houser
- Address 26 S. Piccadilly
- Remarks \_\_\_\_\_



Birth Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



38890

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *April 30th 1880*
4. Place of Birth (Street and Number) *No. 5 - Chestnut - al.*
5. Full Name of Mother *Amelia Carroll*
6. Mother's Maiden Name *Amelia Smith*
7. Mother's Birthplace *Balt., Co.*
8. Full Name of Father *Frank Carroll*
9. Father's Occupation *Laborer*
10. Father's Birthplace *North-Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. F. B. Gardner*
- Address *120 N - Greene st.*
- Remarks

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



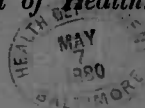
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 30*  
 4. Place of Birth (Street and Number) *Baltimore Milman St 1698*  
 5. Full Name of Mother *Emeline Birmingham*  
 6. Mother's Maiden Name *Emeline Grape*  
 7. Mother's Birthplace *Pennsylvania*  
 8. Full Name of Father *John Birmingham*  
 9. Father's Occupation *Painter*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who make this Return. *Doctor Taylor*  
 Address *Milman and Broadway*  
 Remarks *Healthy Born Child*

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

35593  
over

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male ~~or female~~)

William Nickel

2. Race or Color, (if not of the white race)

3. Date of Birth

Apr 30th 1880

4. Place of Birth, (Street and Number)

358 Hamburg St

5. Full Name of Mother

Augusta J (Nickel) Nickel

6. Mother's Maiden Name

Stoll

7. Mother's Birthplace

Balto City

8. Full Name of Father

Gustave L (Nickel) Nickel

9. Father's Occupation

Mechanic

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Curry  
76 Stacia St

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

3889.3

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *ninth child*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *colored race*

3. Date of Birth *20 of April*

4. Place of Birth (Street and Number) *25 Vincent alley*

5. Full Name of Mother *Mary Elizabeth Patin*

6. Mother's Maiden Name *Mary Elizabeth Brown*

7. Mother's Birthplace *Fredricks county*

8. Full Name of Father *George Patin*

9. Father's Occupation *Farmer*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *May Anne Richardson*

Address *The baby is well and the mother is doing well*

Remarks *well*



rect Record of Vital Statistics in the City of Baltimore.

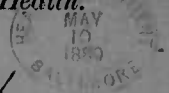
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

355911-



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1. Child*
1. Sex (state whether male or female) *Male Child*
2. Race or Color (if not of the white race) *Colored Child*
3. Date of Birth *30 of April*
4. Place of Birth (Street and Number) *146 York Street*
5. Full Name of Mother *Shal, Rich*
6. Mother's Maiden Name *Shal, Gile*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Herin Gile*
9. Father's Occupation *Overseer Street*
10. Father's Birthplace *Baltimore M.D.*
- Name of Medical Attendant, or other Person who makes this Return. *Willis G. Goss*
- Address *187 York Street*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Apr 30<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 199 Caroline Avenue

5. Full Name of Mother Caroline Willis

6. Mother's Maiden Name Caroline Herring

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry W. Willis

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Riley M. D.

Address 306 Madison Avenue

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38896

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) W

3. Date of Birth April 30 / 80

4. Place of Birth (Street and Number) 381. Park Avenue

5. Full Name of Mother Lucy Brown

6. Mother's Maiden Name Lucy Briggs

7. Mother's Birthplace Baltimore

8. Full Name of Father John Brown

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Lutton M.D.

Address 23 Franklin

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35594

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *April 30th*  
 4. Place of Birth (Street and Number) *546 Franklin St*  
 5. Full Name of Mother *Rosa Quisenberry*  
 6. Mother's Maiden Name *Rosa Lusk*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Gas. E. Quisenberry*  
 9. Father's Occupation *Tailor*  
 10. Father's Birthplace *Virginia*  
 Name of Medical Attendant, or other Person who makes this Return. *F. Wendin*  
 Address *2. Cathedral St.*  
 Remarks



For record of your children in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

35595

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 20 1880
4. Place of Birth (Street and Number) West Lombard st 223
5. Full Name of Mother Virginia Davis
6. Mother's Maiden Name Virginia Davis
7. Mother's Birthplace Virginia
8. Full Name of Father William Bradley Davis
9. Father's Occupation labor
10. Father's Birthplace Frederick
- Name of Medical Attendant, or other Person who makes this Return. Mrs S Sulzberger
- Address 722 West Pratt st
- Remarks

For return of this certificate to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 38898 1/2

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *30. Winter 1880*

4. Place of Birth (Street and Number) *1. S. 1st St. 1213*

5. Full Name of Mother *Louisa Marie*

6. Mother's Maiden Name *Reese*

7. Mother's Birthplace *Delaware*

8. Full Name of Father *Louise Marie*

9. Father's Occupation *Teacher*

10. Father's Birthplace *Delaware*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louise Kraft*

Address *23 Canton Ave.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30th of April 1880*
4. Place of Birth (Street and Number) *No 12 North Basil street,*
5. Full Name of Mother *Louise Wagner*
6. Mother's Maiden Name *Louise Sadler*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *August Sadler*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
- Address *71 North Chapel street per Justina Kunkel.*
- Remarks. *Healthy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

28900

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether ~~Male~~ or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *9<sup>th</sup> 20<sup>th</sup> P.M. 30th April, 1880.*  
 4. Place of Birth (Street and Number) *237 N. Hoffman St. Baltimore City, Maryland*  
 5. Full Name of Mother *Sarah Fitzgerald McMillan*  
 6. Mother's Maiden Name *Sarah Fitzgerald Hall*  
 7. Mother's Birthplace *Baltimore City, Maryland.*  
 8. Full Name of Father *William Edgar McMillan*  
 9. Father's Occupation *Coin Maker*  
 10. Father's Birthplace *Baltimore City, Maryland.*  
 Name of Medical Attendant, or other Person who makes this Return. *John J. Wright M.D.*  
 Address *236 N. Howard St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38907

MAY 3 1880

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether male or female*)
2. Race or Color (*if not of the white race*)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Apr. 30<sup>th</sup> 1880.  
187 Mulberry St.  
Ella M. Sprigg  
Ella M. Sprigg  
Baltimore City.  
Thomas J. Sprigg  
Salem Md.  
Baltimore City.  
John J. R. Sprigg  
City.

# RETURN OF A BIRTH 38902

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

MAY  
3  
1880

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *April the 30. 1880*
4. Place of Birth, (Street and Number) *88 Dallas St Baltimore md*
5. Full Name of Mother, *Corline Dorsey*
6. Mother's Maiden Name, *Corline Danbery*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Elie Dorsey*
9. Father's Occupation, *Cysser Shucker*
10. Father's Birthplace, *Baltimore County md*
- Name of Medical Attendant, *Lucinda Walford*  
or other Person who makes this Return.
- Address, *1300 Regester St Baltimore md*
- Remarks,

Return of the birth of any child, within the City of Baltimore, shall be made to the Registrar of Health within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

recd. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

38903

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *30 of April*
4. Place of Birth (Street and Number) *27 N. E. St.*
5. Full Name of Mother *Mary Collins*
6. Mother's Maiden Name *Mary Enser*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Philip Collins*
9. Father's Occupation *Prebelle*
10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this return *Mary P. Dwyer*
- Address *57 N. E. St.*
- Remarks *See*

OFFICE OF THE REGISTRAR OF VITAL STATISTICS IN THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38904

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 30<sup>th</sup> April
4. Place of Birth, (Street and Number) 315 1/2 Mulberry st
5. Full Name of Mother Virginia Ann Michael Romero
6. Mother's Maiden Name Virginia Ann Michael Mathews
7. Mother's Birthplace Baltimore
8. Full Name of Father Sydney Albert Romero
9. Father's Occupation Cashier Smith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumber 60 Schuster
- Address ~~at 1111~~
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

38903

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 30 - 1880 -

4. Place of Birth (Street and Number)

152 Schroeder St

5. Full Name of Mother

Annie Williams

6. Mother's Maiden Name

" Schley.

7. Mother's Birthplace

Norfolk, Va.

8. Full Name of Father

Henry J. Williams

9. Father's Occupation

Refiner of Coal Oil

10. Father's Birthplace

Balto. Md

Name of Medical Attendant, or other Person who makes this Return.

Geo. J. King, M.D.

Address

76 Edmondson Ave

Remarks

Instrumental Labor.



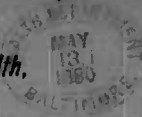
First Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

35906



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d  
Female

1. Sex (state whether Ma's or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 20th 1880

4. Place of Birth (Street and Number)

#51 S. Egle St.

5. Full Name of Mother

Josephine McKenny  
Josephine Murray

6. Mother's Maiden Name

City

7. Mother's Birthplace

8. Full Name of Father

Adelphi McKenny  
Shordors

9. Father's Occupation

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Abraham B. Truock M.D.

Address

Remarks

# RETURN OF A BIRTH.

Over 38907

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: Robert M. Burns  
 of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
 (state whether Male or Female) Male Child  
 Race or Color (if not of the white race) White  
 Date of Birth 30 of April  
 Place of Birth (Street and Number) 126 Banks St.  
 Full Name of Mother Arabelle (Burns) Burns  
 Mother's Maiden Name (Bell) Clark  
 Mother's Birthplace Baltimore Md.  
 Full Name of Father Stephen (Burns) Burns  
 Mother's Occupation Carpenter  
 Mother's Birthplace Baltimore Md.  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Hannah Nambro  
 Address 136 Caroline St.  
 Remarks

See Reverse of this Statement for the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

38908



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

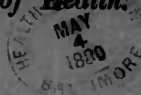
Third  
Female.  
White  
30<sup>th</sup> April 1880  
No. 109 Albemarle St.  
Mary Fennessey.  
Mary Lynch  
Ireland  
David Fennessey.  
Laborer  
Ireland  
Mrs. Eliza Humm  
No. 95 Albemarle St.  
(City)

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

38909

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Color of

3. Date of Birth

April 30<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

143 N. Caroline

5. Full Name of Mother

Annie Butler

6. Mother's Maiden Name

Annie Huxley

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Huxley

9. Father's Occupation

Huxley

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allen

Address

121 N. Caroline

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

38910

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 10<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *109 E. Madison St.*
5. Full Name of Mother *Mary Bruck*
6. Mother's Maiden Name *Mary Hinton*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Larry R. Bruck*
9. Father's Occupation *Coach Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. S. Kinnerson*
- Address *73 E. Pratt St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

38911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Apr. 19th 1880
4. Place of Birth, (Street and Number) 69 Harford St.
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father Mrs. Cullen
9. Father's Occupation Coachman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr. Brooke Byrd M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 9th 25 P. M. 1880.*
4. Place of Birth (Street and Number) *416 E. Avenue*
5. Full Name of Mother *Grace Estheline Curb*
6. Mother's Maiden Name *Grace Estheline Curb*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Charles Curb*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Samuel E. Linnell M.D.*
- Address *299 E. Baltimore Street*
- Remarks



# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

RETURN OF

To the Office of Registrar of Vital Statistics

BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

State whether male or female Female

or Color, (if not of the white race) white

of Birth

of Birth, (Street and Number) June 1st 1883  
55 E. Gay St.

Name of Mother Mary

or's Maiden Name Mary

7. or's Birthplace Baltimore

8. Full Name of Father Daniel

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. [illegible]

Address 31 [illegible]

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth June the 1st 1880
4. Place of Birth, (Street and Number) Openth west corner of Exeterford
5. Full Name of Mother Sophia Mc Cormick
6. Mother's Maiden Name Sophia Kern
7. Mother's Birthplace Baltimore md
8. Full Name of Father William Mc Cormick
9. Father's Occupation Store Keeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesenzahl
- Address 345 Penna av
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

37528

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

June 1st 1880

4. Place of Birth, (Street and Number)

No 10 Fall st

5. Full Name of Mother

Mary Johnson

6. Mother's Maiden Name

Grausling

7. Mother's Birthplace

Italy

8. Full Name of Father

Andrew Johnson

9. Father's Occupation

Bar Keeper

10. Father's Birthplace

Italy

Name of Medical Attendant, or other person who makes this return.

Mrs Elizabeth Bels

Address

245 Caroline Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

June 10<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

Castle near Monument

5. Full Name of Mother

Margarette Ritz

6. Mother's Maiden Name

Roeder

7. Mother's Birthplace

Germany

8. Full Name of Father

Conrad Ritz

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betz

Address

245 Canton Ave

Remarks

Not Recd. by this Bureau in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 1<sup>st</sup> 1880*
4. Place of Birth (Street and Number) *596 W. Fayette St.*
5. Full Name of Mother *Emma C. Biel*
6. Mother's Maiden Name *" " Duening*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Emmanuel F. Biel*
9. Father's Occupation *Hardware Merchant*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. C. Regan (M.D.)*
- Address *McCoy's & Co. Baltimore*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *201*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *June 1. 1880.*

4. Place of Birth (Street and Number) *102 E. Madison St.*

5. Full Name of Mother *Mary Jane Halley*

6. Mother's Maiden Name *Mary Jane Brown.*

7. Mother's Birthplace *Massachusetts*

8. Full Name of Father *Charles F. Halley*

9. Father's Occupation *Bootmaker*

10. Father's Birthplace *Massachusetts*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Henck MD.*

Address *75 E. Baltimore St.*

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



39652

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth June 1 / 88

4. Place of Birth (Street and Number) 63 Haulm Ave

5. Full Name of Mother Belle E Cherry

6. Mother's Maiden Name Harris

7. Mother's Birthplace Alabama

8. Full Name of Father Thomas R Cherry

9. Father's Occupation Clerk

10. Father's Birthplace South Carolina

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address 581 Lexington St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

39533

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May June 1<sup>st</sup> 80

4. Place of Birth, (Street and Number) # 37 Wyck St

5. Full Name of Mother Lina Maerner

6. Mother's Maiden Name Gehring

7. Mother's Birthplace Prussia

8. Full Name of Father August Maerner

9. Father's Occupation Machinist

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address # 328 E. Eutam St.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall receive notice, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

395311

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

June

4. Place of Birth, (Street and Number) .....

71 Watson St

5. Full Name of Mother, .....

Allen Radic

6. Mother's Maiden Name, .....

Martin

7. Mother's Birthplace, .....

Ireland

8. Full Name of Father, .....

Amber Radic

9. Father's Occupation, .....

grocery keeper

10. Father's Birthplace, .....

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lavinia Casper

Address, .....

52 E Lombard

Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *1 June*
4. Place of Birth (Street and Number) *Westcott St*
5. Full Name of Mother *Josephine Katal*
6. Mother's Maiden Name *" " Kolicza*
7. Mother's Birthplace *Kolisor Bohemia*
8. Full Name of Father *Josef Katal*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Litauzel Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Kernal*
- Address *La Barmes St*
- Remarks

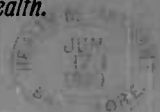
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39536

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 12th 1880*  
 4. Place of Birth (Street and Number) *164 Hollins St*  
 5. Full Name of Mother *Marion C. Wilson*  
 6. Mother's Maiden Name *" Kelly*  
 7. Mother's Birthplace *England*  
 8. Full Name of Father *Chas. H. Wilson*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Balti.*  
 Name of Medical Attendant, or other Person who makes this Return. *Edward P. McDevitt*  
 Address *153 1/2 E. W. St*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39537

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 1st 1880

4. Place of Birth (Street and Number)

91 Low St

5. Full Name of Mother

Rose Helen Niemeyer

6. Mother's Maiden Name

Bluse

7. Mother's Birthplace

Ireland

8. Full Name of Father

Frederick H. Niemeyer

9. Father's Occupation

Basket Maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Edmund A. [Signature]

Address

107. Chesapeake St

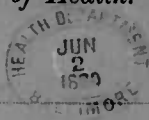
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39535

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 6 children

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 20th June 1880

4. Place of Birth (Street and Number) Calverly St. No. 31

5. Full Name of Mother Wm. Gallagher

6. Mother's Maiden Name Wm. Stans

7. Mother's Birthplace Whiting for Bridgman

8. Full Name of Father William Gallagher

9. Father's Occupation Laborer

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. John A. Gishaker

Address No. 25 West St.

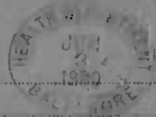
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39539

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 1, 1886

4. Place of Birth, (Street and Number)

211 Bank St.

5. Full Name of Mother,

Jeanette Kalfus,  
Wid. Hitter,

6. Mother's Maiden Name,

Balt. Md.

7. Mother's Birthplace,

8. Full Name of Father,

Wm. H. Kalfus

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

C. E. Kuyk

Address,

Balt. & Pa. L. Sts.

Remarks,

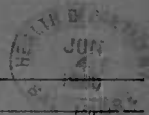
1st. Presentation, delivered with Forceps.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth May 30 1890
4. Place of Birth, (Street and Number) Baltimore No 218 Kent
5. Full Name of Mother Julia Proctor
6. Mother's Maiden Name " "
7. Mother's Birthplace Spain
8. Full Name of Father William Proctor
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. William Proctor
- Address 319 Chambers St
- Remarks





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Color

3. Date of Birth

June 1 - 1880

4. Place of Birth (Street and Number)

162. Mosher St.

5. Full Name of Mother

Emma Smith

6. Mother's Maiden Name

do

7. Mother's Birthplace

Unknown

8. Full Name of Father

do

9. Father's Occupation

do

10. Father's Birthplace

do

Name of Medical Attendant, or other Person who makes this Return.

Address

John H. Pugh, M.D.  
327 Carrollton Ave.

Remarks

Child Healthy but Illegitimate.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39542

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 8 d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth June 1 d 1880
4. Place of Birth, (Street and Number) 160 Church St.
5. Full Name of Mother Ida Burnstein
6. Mother's Maiden Name Ida Rose
7. Mother's Birthplace German
8. Full Name of Father Theodor Burnstein
9. Father's Occupation Musiker
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this return. Dr. R. Ruchiger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39543

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

June 1 1880

4. Place of Birth, (Street and Number)

12 N. Guilmer

5. Full Name of Mother

Lydia Spedden

6. Mother's Maiden Name

Lydia Travers

7. Mother's Birthplace

Ma

8. Full Name of Father

Ed. Spedden

9. Father's Occupation

Merchant

10. Father's Birthplace

Ma

Name of Medical Attendant, or other Person who makes this Return.

H. H. McKeen

Address

57 Danvers

Remarks

FILE RECORDS OF THIS BUREAU IN THE CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39544

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

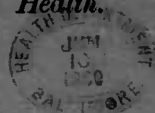
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 1st 1880*  
4. Place of Birth (Street and Number) *78 Patten Avenue*  
5. Full Name of Mother *Ginderella R. Homery*  
6. Mother's Maiden Name *Ginderella A. Crowder*  
7. Mother's Birthplace *Virginia*  
8. Full Name of Father *John N. Homery*  
9. Father's Occupation *Carpenter*  
10. Father's Birthplace *Virginia*  
Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke, M.D.*  
Address *146 Vanover St*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39545

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

June 1<sup>st</sup> 1880

No 305 S. Light St

Henrietta Taylor

Henrietta Taylor

Baltimore

William Taylor

Merchant

Baltimore

Anna H. Higgins

182 E. Monument

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

3954-6

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 1st 1880*
4. Place of Birth (Street and Number) *No 93 Mosher Street*
5. Full Name of Mother *Mildred Ellen Lomanus*
6. Mother's Maiden Name *Mildred Ellen Frazier*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Edward Thomas Lomanus*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *A. S. Bowie Jr D*
- Address *No 175 Arlington Avenue*
- Remarks

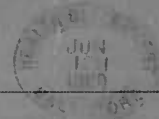
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 1 / 80
4. Place of Birth (Street and Number) 63 Harlem Ave
5. Full Name of Mother Belle E Cherry
6. Mother's Maiden Name Harris
7. Mother's Birthplace Alabama
8. Full Name of Father Thomas R. Cherry
9. Father's Occupation Salesman
10. Father's Birthplace So Carolina
- Name of Medical Attendant, or other Person who makes this Return. Thomas Opie
- Address 581 Lexington St
- Remarks \_\_\_\_\_

39547



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

395748

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth June the 2nd
4. Place of Birth, (Street and Number) 141 Franklin St
5. Full Name of Mother Annie Braitch
6. Mother's Maiden Name Annie King
7. Mother's Birthplace Germany
8. Full Name of Father Samuel Braitch
9. Father's Occupation shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Annie Presmyth
- Address 345 Penna av
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39549

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth June 2
4. Place of Birth, (Street and Number) 71. Frederick Avenue
5. Full Name of Mother Louise Obermüller
6. Mother's Maiden Name Schüb
7. Mother's Birthplace Hausberge, Germany
8. Full Name of Father C. H. Ernest Obermüller, D.D.S.
9. Father's Occupation Dentist
10. Father's Birthplace Hannover, Germany
- Name of Medical Attendant, or other Person who makes this return. \_\_\_\_\_
- Address Ann Dumbler 60 Schloter
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39550

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 2d 1880

4. Place of Birth, (Street and Number)

224 N. E. Chestnut St

5. Full Name of Mother

Mary Ward

6. Mother's Maiden Name

Mary Ferguson

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Ward

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

John H. Hager

Address

181 E. Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4<sup>th</sup>  
Female  
White  
June 2<sup>d</sup> 1880  
44 Hamburg St  
Martha Dayton  
Martha Thomas  
Ma  
Samuel Dayton  
Mariner  
Md  
G. B. Noble M  
17 Grand St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 2d.*
4. Place of Birth (Street and Number) *71 Camden Str*
5. Full Name of Mother *Caroline Heil*
6. Mother's Maiden Name *Probst*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Heil*
9. Father's Occupation *Jeweler*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H. H.*
- Address *137 W. Fayette St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *June 2, 1880*  
 4. Place of Birth (Street and Number) *Crop Street near Sesto*  
 5. Full Name of Mother *Annie Jones*  
 6. Mother's Maiden Name \_\_\_\_\_  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *James Jones*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Chas W. Jeff*  
 Address *300 W. Fayette St*  
 Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician, midwife, or other person, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39554

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 2<sup>d</sup> 1888.  
 4. Place of Birth (Street and Number) S. E. Cor Saratoga & Popple  
 5. Full Name of Mother Amelia Gugel  
 6. Mother's Maiden Name Rub  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father George Gugel  
 9. Father's Occupation Saloonkeeper  
 10. Father's Birthplace Maryland  
 Name of Medical Attendant, or other Person who makes this Return. Thomas O'Neil M.D.  
 Address 581 Lexington St.  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male - Walter Edward Knickman*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *June 2nd 1890*

4. Place of Birth, (Street and Number) *# 343 S. Sharp*

5. Full Name of Mother *Emma Knickman*

6. Mother's Maiden Name *Wolf*

7. Mother's Birthplace *Gotha Germany*

8. Full Name of Father *Henry Knickman*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mary Kroll*

Address *# 328 S. Euterer*

Remarks *Given name added from a card signed by Dr. Walter E. Knickman. Card filed by Reg. No. 18666 - Reg. Dec 9 - 1938*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39556

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth June 2<sup>nd</sup> 1880
4. Place of Birth (Street and Number) No 80 Hammond St.
5. Full Name of Mother Eliza Zephir
6. Mother's Maiden Name Eliza Spoke
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Zephir
9. Father's Occupation Barkeeper
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. L. H. Salzer
- Address 105 W. Lombard St.
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 18 June 2, 1880

4. Place of Birth (Street and Number) 230 South Bond St

5. Full Name of Mother Elizabeth Shon

6. Mother's Maiden Name Elizabeth Hoffman

7. Mother's Birthplace Germany

8. Full Name of Father John Shon

9. Father's Occupation Labourer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louisa Smith

Address same as of the child John Henry Shon

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3<sup>rd</sup> child  
Male  
White (Clear Gutt)  
2<sup>nd</sup> June 1880  
in Room No 4, Hammett St  
Mary Augusta Hef Drake  
Do Do Neepner  
Baltimore Md  
Hef Drake  
Blacksmith  
Baltimore Md  
M. R. Hefley  
134. Hamburg. Street  
Both doing very well

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Negro*

3. Date of Birth *June 2nd 1880*

4. Place of Birth (Street and Number) *N. 770 King St*

5. Full Name of Mother *Emanuela Richardson Conger*

6. Mother's Maiden Name *Horton*

7. Mother's Birthplace *West River Hunsbrundel Co. Ind.*

8. Full Name of Father *John Conger*

9. Father's Occupation *Painter*

10. Father's Birthplace *unknown*

Name of Medical Attendant, or other Person who makes this Return. *L. E. Keale*

Address *University Hospital Lombard St. Green St.*

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39560

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 24, 1880  
 4. Place of Birth (Street and Number) 307 W. Fayette St.  
 5. Full Name of Mother Rachel Frank  
 6. Mother's Maiden Name Rachel Cohen  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Solomon Frank  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Philip J. J. J.  
 Address 2 E. Baltimore St.  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39561

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 27. at 2.45. A.M.

4. Place of Birth (Street and Number)

Orlean St. 365

5. Full Name of Mother

Sophia Bellmer

6. Mother's Maiden Name

Sophia Smith

7. Mother's Birthplace

Baltimore City Md.

8. Full Name of Father

Jacob Bellmer

9. Father's Occupation

Shoe Maker

10. Father's Birthplace

Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return

Wm. Ann. B. B. B.

Address

396 Orlean St.

Remarks

Born in a healthy condition

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39562

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 2nd 1880
4. Place of Birth, (Street and Number) Clement St
5. Full Name of Mother Virginia Woodall
6. Mother's Maiden Name " Cooper
7. Mother's Birthplace Balt. City
8. Full Name of Father William Woodall
9. Father's Occupation Ship Builder
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Dr. George A. Richmond
- Address 185 E. E. St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39663

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White, American,*  
 3. Date of Birth *June 2<sup>nd</sup> 1880*  
 4. Place of Birth (Street and Number) *55 Lexington St.*  
 5. Full Name of Mother *Francis Parr*  
 6. Mother's Maiden Name *Mitchell*  
 7. Mother's Birthplace *Virginia*  
 8. Full Name of Father *J. Preston Parr Jr*  
 9. Father's Occupation *Sailorman*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *J. C. Lindsay M.D.*  
 Address *159 Park Ave*  
 Remarks

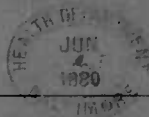
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

395611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 29 1880

4. Place of Birth, (Street and Number)

2310 Bain St

5. Full Name of Mother

Rebecca Manley

6. Mother's Maiden Name

Moffitt

7. Mother's Birthplace

Pittsburg Penn

8. Full Name of Father

Wm L Manley

9. Father's Occupation

Mechanic

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Dr. J. P. Murray

Address

26 Stace St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39563

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Female
  2. Race or Color, (if not of the white race) Colored
  3. Date of Birth June 2<sup>nd</sup> 1880
  4. Place of Birth, (Street and Number) No 150 Lomb St
  5. Full Name of Mother Florance Mordy
  6. Mother's Maiden Name "
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Joseph Mordy
  9. Father's Occupation Laborer, Writer
  10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Samuel M. Wilson
- Address 129 Hamburg St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

39566

**BALTIMORE CITY.**

5

Lemuel

2. Juni

44 of Baltimore St

Kate Richter

Käte Schubert

Re: [unclear]

2000

Henry Richter

Taylor

Germane.

or other Person who makes this Return. Lee Ann Davis & Elizabeth

May 26 - Thursday - Dried

\_\_\_\_\_

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# RETURN OF A BIRTH

39567

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or assist in attending, at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex, (state whether male or female) *male*  
 2. Race or Color, (if not of the white race) *Colored*  
 3. Date of Birth, *2nd June*  
 4. Place of Birth, (Street and Number) *16- Marion St.*  
 5. Full Name of Mother, *Susanna Engle - Washington*  
 6. Mother's Maiden Name, *E. White*  
 7. Mother's Birthplace, *Washington - D C -*  
 8. Full Name of Father, *Geo Washington*  
 9. Father's Occupation, *waiter*  
 10. Father's Birthplace, *Baltimore Md*  
 Name of Medical Attendant, *Mr. Chubb*  
 Address, *42 Sharp St.*  
 Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39568

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

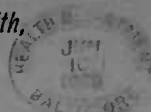
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 26 June 1880  
4. Place of Birth, (Street and Number) 439 Eastern Ave  
5. Full Name of Mother, Cathrine Schoe  
6. Mother's Maiden Name, " Cherry  
7. Mother's Birthplace, Ireland  
8. Full Name of Father, John Schoe  
9. Father's Occupation, Engineer  
10. Father's Birthplace, Ireland  
Name of Medical Attendant, or other person who makes this Return, Mrs Wiley  
Address, No 12 Patterson Park W  
Remarks, Baltimore

Report of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 2nd 1884*

4. Place of Birth (Street and Number) *55 S. Madison St.*

5. Full Name of Mother *Maggie Franklin*

6. Mother's Maiden Name *Maggie Doyle*

7. Mother's Birthplace *Balt. City*

8. Full Name of Father *Andrew Franklin*

9. Father's Occupation *Acornman*

10. Father's Birthplace *Balt. City*

Name of Medical Attendant, or other Person who makes this Return. *C. H. Brown M.D.*

Address *247 Lincoln Ave Cor Lenoir St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 2/80*

4. Place of Birth (Street and Number) *S. E. Cr Saretoga & Poppleton*

5. Full Name of Mother *Amelia Engel*

6. Mother's Maiden Name *Rul*

7. Mother's Birthplace *Baltimore Leo Md*

8. Full Name of Father *George Engel*

9. Father's Occupation *Soldier Klempner*

10. Father's Birthplace *Balto - City Md*

Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie Md*

Address *581 Lexington St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6th

Male

White

June 20

N<sup>o</sup> 16 Clarkson St

Anna Wright

Anna Seymour

Baltimore

Robert Wright

Labour

Baltimore

Catherine Horner

N<sup>o</sup> 106 West



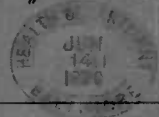
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

37373

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth 2<sup>nd</sup> June 1880  
4. Place of Birth, (Street and Number) 31 Jefferson St.  
5. Full Name of Mother Agnes R. McKoy  
6. Mother's Maiden Name H. R. Hemphrean  
7. Mother's Birthplace Virginia  
8. Full Name of Father William Hemphrean  
9. Father's Occupation Porter  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this return. Mary Wall  
Address 125 W. 1<sup>st</sup> St.  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39573

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Male  
White

2. Race or Color (if not of the white race)

3. Date of Birth

June 3<sup>rd</sup> 1880

4. Place of Birth (Street and Number)

No 78 Mosher

5. Full Name of Mother

Kate Guthraup

6. Mother's Maiden Name

Kate Jones

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George Guthraup

9. Father's Occupation

Black

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or Person who makes this Return.

Wm. H. H. H.

Address

213 N. Lombard St.

Remarks

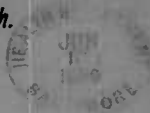
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39574



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 30 1880*

4. Place of Birth (Street and Number) *4807 Mosier St*

5. Full Name of Mother *Mary Elmore ~~Leone~~ Chenoweth*

6. Mother's Maiden Name *Leone*

7. Mother's Birthplace *Neasport Co Md*

8. Full Name of Father *William A. Chenoweth*

9. Father's Occupation *Butcher*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Elias C Price M.D.*

Address *262 Madison Ave*

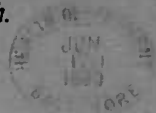
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39573



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race)

3. Date of Birth *June 8<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *106 N. Central Ave*

5. Full Name of Mother *Annice M. A. Wallace*

6. Mother's Maiden Name *" " McShane*

7. Mother's Birthplace *Balti.*

8. Full Name of Father *Edward J. Wallace*

9. Father's Occupation *Teacher*

10. Father's Birthplace *Balti.*

Name of Medical Attendant, or other Person who makes this Return. *Edward J. McDevitt*

Address *133 N. Euphonia St*

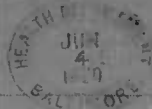
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39576

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One*

1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_

2. Race or Color (if not of the ~~white~~ race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

*June, the 3, 1888*

4. Place of Birth (Street and Number) \_\_\_\_\_

*No. 34. Davis St.*

5. Full Name of Mother \_\_\_\_\_

*Henriette Holland*

6. Mother's Maiden Name \_\_\_\_\_

*The Lane Asabour.*

7. Mother's Birthplace \_\_\_\_\_

*Prince Georges County, Md*

8. Full Name of Father \_\_\_\_\_

*William Franc. Smith*

9. Father's Occupation \_\_\_\_\_

*Water*

10. Father's Birthplace \_\_\_\_\_

*Baltimore City Md*

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

*Dr. Beck*

Address \_\_\_\_\_

*No 36 - Davis St -*

Remarks \_\_\_\_\_

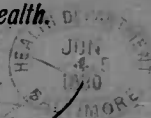
*None*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

39577



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 3rd 1880*

4. Place of Birth (Street and Number) *24 Loc. Tholen St*

5. Full Name of Mother *Eugene Alexander*

6. Mother's Maiden Name *Hays*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Augustus Alexander*

9. Father's Occupation *Shoe Maker*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Hays*

Address *165 Pacific*

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39578



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Brown complexion*

3. Date of Birth *June 3<sup>rd</sup> 1880*

4. Place of Birth (Street and Number) *99 Hargrove Alley*

5. Full Name of Mother *Ellen Deane*

6. Mother's Maiden Name *Deane*

7. Mother's Birthplace *Irish Hill Md*

8. Full Name of Father *Alexander Deane*

9. Father's Occupation *Porter*

10. Father's Birthplace *Centerville Md*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address *4 Hamilton Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39579



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Girl

2. Race or Color (if not of the white race)

White

3. Date of Birth

3<sup>rd</sup> June 1880

4. Place of Birth (Street and Number)

Baltimore Chesapeake St No 60

5. Full Name of Mother.

Marg Betnigt

6. Mother's Maiden Name

Marg Peska

7. Mother's Birthplace

Germany

8. Full Name of Father

Frank Betnigt

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Marg Kopisch

Address

69 Washington St

Remarks

Marg Kopisch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 3<sup>rd</sup> June 1880

4. Place of Birth (Street and Number) Baltimore Bethel st No 221

5. Full Name of Mother Mary Delinka

6. Mother's Maiden Name Mary Benata

7. Mother's Birthplace Germans

8. Full Name of Father Andrew Delinka

9. Father's Occupation Labourer

10. Father's Birthplace Germans

Name of Medical Attendant, or other Person who makes this Return. Mary Hopfisch

Address 69 Washington st

Remarks Mary Hopfisch



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39587



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *1. 3. June 1880*  
 4. Place of Birth (Street and Number) *Thimblemill Canton.*  
 5. Full Name of Mother *Louise Traß*  
 6. Mother's Maiden Name *Geinzel*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Johann Traß*  
 9. Father's Occupation *Superintendent*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Anna Rimmer.*  
 Address *41 O'Donnell St.*  
 Remarks

That any Physician, acoucheur, midwife, or other person in charge, who shall attend, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



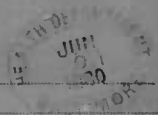
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex, (state whether male or female) *female child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *June the 3-18-90*
4. Place of Birth, (Street and Number) *64 Durham St Baltimore md*
5. Full Name of Mother, *Charlotta Brown*
6. Mother's Maiden Name, *Charlotta Brown*
7. Mother's Birthplace, *Prindle County Md*
8. Full Name of Father, *...*
9. Father's Occupation, *...*
10. Father's Birthplace, *...*
- Name of Medical Attendant, *Lurinda Hooford*  
or other Person who makes this Return.
- Address, *1304 Regester St Baltimore md*
- Remarks, *...*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39583

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 3 of May 1880 June  
 4. Place of Birth (Street and Number) 19 Adams Street  
 5. Full Name of Mother Eva Marshberger  
 6. Mother's Maiden Name Holt  
 7. Mother's Birthplace Bavaria  
 8. Full Name of Father John Marshberger  
 9. Father's Occupation Carpenter  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulley  
 Address 108 Holland Street  
 Remarks Balt

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39584

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) White

3. Date of Birth 3 of May 1880 June

4. Place of Birth (Street and Number) 72 Harrison Street

5. Full Name of Mother Hennricha Koblberger

6. Mother's Maiden Name Ankel

7. Mother's Birthplace Prussia

8. Full Name of Father Kristof Koblberger

9. Father's Occupation Shoe maker

10. Father's Birthplace Karlsruhe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulling

Address 48 Hobbs Street

Remarks Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, <sup>and</sup> its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39585  
JUN 1 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color (if not of the white race) *John* \_\_\_\_\_

3. Date of Birth *June 3/80* \_\_\_\_\_

4. Place of Birth (Street and Number) *No. 3 Lemon St.* \_\_\_\_\_

5. Full Name of Mother *Emma Belcher* \_\_\_\_\_

6. Mother's Maiden Name *Hays* \_\_\_\_\_

7. Mother's Birthplace *Baltimore* \_\_\_\_\_

8. Full Name of Father *Henry Belcher* \_\_\_\_\_

9. Father's Occupation *Produce Market* \_\_\_\_\_

10. Father's Birthplace *Baltimore* \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks *A. L. Spencer*  
*375 W. Lombard St.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39516

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 3. 1880

4. Place of Birth, (Street and Number) St. Washington st. near John st.

5. Full Name of Mother Julia A. Rosemitch.

6. Mother's Maiden Name Julia A. Roberts.

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Rosemitch

9. Father's Occupation Brass Molder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address 286 Mc Donough st

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39587

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 2nd 1880*

4. Place of Birth (Street and Number) *202 Carey St.*

5. Full Name of Mother *Noaa Simmering*

6. Mother's Maiden Name *Davis*

7. Mother's Birthplace *Balti. Md.*

8. Full Name of Father *John C. Simmering*

9. Father's Occupation *Salesman*

10. Father's Birthplace *Balti.*

Name of Medical Attendant, or other Person who makes this Return *Silas Baldwin*

Address *152 Townsend St.*

Remarks

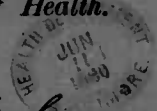


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39558

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. Male
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth June 3rd
4. Place of Birth, (Street and Number) Orchard St No. 146
5. Full Name of Mother Mary Leniga Sheridan
6. Mother's Maiden Name Mary E. Wallace
7. Mother's Birthplace Eastern Shore, Kent County, Md.
8. Full Name of Father Alexander Sheridan
9. Father's Occupation Plastering & Fencing
10. Father's Birthplace Howard Co Md
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Chen
- Address Tyson St 94
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan. 3 d 1880

4. Place of Birth, (Street and Number) 102 Lancaster St

5. Full Name of Mother Esther C. Resch

6. Mother's Maiden Name Alberta W. Resch

7. Mother's Birthplace Baltimore

8. Full Name of Father William Resch

9. Father's Occupation Day Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 71 Lancaster St

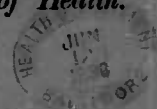
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39590

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st.  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth June 3rd 1880.  
4. Place of Birth, (Street and Number) No. 202. Chestnut St.  
5. Full Name of Mother Annie Haight.  
6. Mother's Maiden Name Graft.  
7. Mother's Birthplace Baltimore  
8. Full Name of Father August Haight.  
9. Father's Occupation Plaster  
10. Father's Birthplace Georgetown  
Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Bull.  
Address No. 185. N.E. cor Central av. & Monument St.  
Remarks All Well.

*Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39891

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *3 June 1880*  
 4. Place of Birth (Street and Number) *5 May. Street 85*  
 5. Full Name of Mother *Clementine Heilmeyer*  
 6. Mother's Maiden Name *Clementine Giesler*  
 7. Mother's Birthplace *Baden Germany*  
 8. Full Name of Father *Peter Heilmeyer*  
 9. Father's Occupation *Solventkeeper*  
 10. Father's Birthplace *Weipenweg, Alsace*  
 Name of Medical Attendant, or other Person who makes this Return *L. F. Reinhard*  
 Address *224 W. Fayette Street*  
 Remarks

*Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *4th of June*
4. Place of Birth (Street and Number) *Hyde Park Alley no number*
5. Full Name of Mother *Margaret Spent.*
6. Mother's Maiden Name *Elliott*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Hunt*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotta Crosby*
- Address *369 Cathedral St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39593

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth. 4 June 1880

4. Place of Birth (Street and Number) 153 ~~Dues~~ Division St.

5. Full Name of Mother Mary Leslie

6. Mother's Maiden Name Donahue

7. Mother's Birthplace Ireland

8. Full Name of Father Edward Leslie

9. Father's Occupation Labourer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.

Address 67 N. Calhoun St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That every physician, accouchen, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
- Sex (state whether male or female) *Hygale*
- Race or Color (if not of the white race) *White*
- Date of Birth *June 4 1880*
- Place of Birth (Street and Number) *97 Calvert St*
- Full Name of Mother *Myra More*
- Mother's Maiden Name *Leonard*
- Mother's Birthplace *Belair*
- Full Name of Father *John Moran*
- Father's Occupation *Iron Turner*
- Father's Birthplace *Belair*
- Name of Medical Attendant, or other Person who makes this Return. *E. Jones Williams*
- Address *17 Calvert St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 39595

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 4th 1880

4. Place of Birth, (Street and Number) 115 S. Register St

5. Full Name of Mother Mary Alice

6. Mother's Maiden Name " J. Knapik

7. Mother's Birthplace Germany

8. Full Name of Father Frank Abbe

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Beck

Address 245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39596

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth June 14th - 1880

4. Place of Birth (Street and Number) 237 W. Eden st

5. Full Name of Mother Kate Alice

6. Mother's Maiden Name Plowman

7. Mother's Birthplace Balt. City

8. Full Name of Father Robt. B. Anderson

9. Father's Occupation Fireman W. & R.

10. Father's Birthplace Balt. County, Md.

Name of Medical Attendant, or other Person who makes this Return. S. F. Coyle M.D.

Address 134 W. High st

Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 4<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *211 Madison St*
5. Full Name of Mother *Christina Heffer*
6. Mother's Maiden Name *Christina Haase*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Joseph L. Heffer*
9. Father's Occupation *Baker Baker*
10. Father's Birthplace *Austria*
- Name of Medical Attendant, or other Person who makes this Return. *Theodore Cook, M.D.*
- Address *146 Hanover St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39698

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1st  
1. Sex, (state whether male or female)..... Male  
2. Race or Color, (if not of the white race) ..... White  
3. Date of Birth, ..... June 4th 1880.  
4. Place of Birth, (Street and Number) ..... Belair Road  
5. Full Name of Mother, ..... Annie R. Young.  
6. Mother's Maiden Name, ..... Annie Rausch  
7. Mother's Birthplace, ..... Germany  
8. Full Name of Father, ..... John Rausch  
9. Father's Occupation, ..... Dairy man  
10. Father's Birthplace, ..... Germany  
Name of Medical Attendant, or other Person who makes this Return. ..... Mrs. Mary E. Quinn  
Address, ..... #1710 Washington St.  
Remarks, .....

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39599

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 4, 1880  
 4. Place of Birth (Street and Number) 516 W. Balt. st  
 5. Full Name of Mother Emma M. Vansant  
 6. Mother's Maiden Name McLean  
 7. Mother's Birthplace New York state  
 8. Full Name of Father Francis E. Vansant  
 9. Father's Occupation Dairyman  
 10. Father's Birthplace Meath, Co. Lick.  
 Name of Medical Attendant, or other Person who makes this Return. John Havel  
 Address 214 Carey st.  
 Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39600

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

male

White

June 4, 1888

533 W. Lombard st.

Emma M. Young

Nagle

Balt.

Wm. E. Young

Cigar maker

Balt.

John Hood

218 Carey st.

Large fine boy - was delivered with the aid of forceps.



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

25

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W

3. Date of Birth

June 4 1892

4. Place of Birth (Street and Number)

115 German St

5. Full Name of Mother

Mm Butler

6. Mother's Maiden Name

Campbell

7. Mother's Birthplace

Balto

8. Full Name of Father

John Butler W

9. Father's Occupation

Prophetur

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Richard Clatney

Address

189 N Howard St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return......

Address,.....

Remarks,.....

3rd  
Female  
White  
June 4<sup>th</sup> 80  
309 N. Carey  
Emma Small  
Emma Hubert  
Augustine Ald  
Peter B. Small  
Clerk  
Augustine  
P. W. Thomas  
143 N. Charles

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Black*

3. Date of Birth *June 4th 1880.*

4. Place of Birth (Street and Number) *Born in room near of 12th St. & E. 7th St.*

5. Full Name of Mother *Grace Smith*

6. Mother's Maiden Name *Unknown*

7. Mother's Birthplace *Unknown*

8. Full Name of Father *Said to be Geo Smith.*

9. Father's Occupation *Unknown*

10. Father's Birthplace *Unknown*

Name of Medical Attendant, or other Person who makes this Return. *D. M. C. Batteer M.D.*

Address

Remarks *Above named woman was taken in in labor on street and confined. She said she belongs in Annapolis. County. Said street - Child was born in few minutes after - It was at full term.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether male or female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

June 1st 1880.  
184 B. Maryland St.  
Carrie E. Richards.  
Carrie E. Richards.  
Baltimore City.  
Harry C. Richards.  
Wood Binder.  
Baltimore City.  
John A. Richards, M.D.  
" " " "



**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchleur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39603

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 4<sup>th</sup> 1880
4. Place of Birth (Street and Number) No. 26 Market Street
5. Full Name of Mother Mary George
6. Mother's Maiden Name Mary Gable
7. Mother's Birthplace Baltimore
8. Full Name of Father Andrew George
9. Father's Occupation Laborer
10. Father's Birthplace Breton
- Name of Medical Attendant, or other Person who makes this Return. E. J. Schmitt
- Address No. 474 Seneca Avenue
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth June 4 1880

4. Place of Birth, (Street and Number) 153 register st

5. Full Name of Mother Mary G Harrington

6. Mother's Maiden Name Mary G Rhea

7. Mother's Birthplace Baltimore city

8. Full Name of Father John Harrington

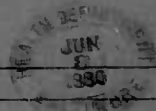
9. Father's Occupation produce dealer

10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Address Collington avenue

Remarks



That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child  
 1. Sex, (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, 408 June 1880  
 4. Place of Birth, (Street and Number) 53 Cambridge St  
 5. Full Name of Mother, Mary Francis Ayer  
 6. Mother's Maiden Name, Williamson  
 7. Mother's Birthplace, Baltimore  
 8. Full Name of Father, Gerhart Myer  
 9. Father's Occupation, Stevedore  
 10. Father's Birthplace, Germany  
 Name of Medical Attendant, or other Person who makes this Return, Mrs. Wild  
 Address, No 12 Patterson Park Dr  
 Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 39605

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

June 4th 1880

4. Place of Birth, (Street and Number)

No. 138 Canby St.

5. Full Name of Mother

Catharine Strickley

6. Mother's Maiden Name

Mauch

7. Mother's Birthplace

Germany

8. Full Name of Father

William K. Strickley

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. L. Garrison midwife

Address

330 Canover St.

Remarks

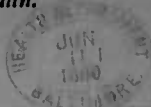
**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

39609

**To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth June 4<sup>th</sup>

4. Place of Birth (Street and Number) 46 Stirling St.

5. Full Name of Mother Jessie Evans

6. Mother's Maiden Name Jessie Evans

7. Mother's Birthplace Red Air Hartford Co.

8. Full Name of Father Not Known

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. Edw. H. Heunler

Address 36 Greenmont Ave.

Remarks Parent does not desire to give Name of Father

Record of Vital Statistics in the City of Baltimore.

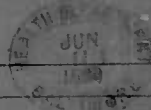
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39610

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth June 4, 1880.
4. Place of Birth, (Street and Number) E. Fayette St 374.
5. Full Name of Mother Sarah J. Pochler
6. Mother's Maiden Name Sarah J. McCreedy.
7. Mother's Birthplace Maryland.
8. Full Name of Father William C. Pochler
9. Father's Occupation Cay Maker
10. Father's Birthplace Delaware.
- Name of Medical Attendant, or other Person who makes this Return. Mary C. Stillwell
- Address 286 E. Tenagh St
- Remarks



recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Girl

2. Race or Color (if not of the white race) Colored

3. Date of Birth June 4<sup>th</sup> 1880

4. Place of Birth (Street and Number) No 36 Burgundy St.

5. Full Name of Mother Corintha Alsop

6. Mother's Maiden Name

7. Mother's Birthplace Accomac Co. Va.

8. Full Name of Father John Wesley Alsop

9. Father's Occupation Laborer

10. Father's Birthplace Balto City Md

Name of Medical Attendant, or other Person who makes this Return Deborah Tharmas

Address 71 Burgundy St.

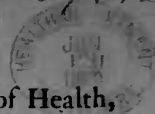
Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



39612

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) White

3. Date of Birth June 4<sup>th</sup> 1880

4. Place of Birth (Street and Number) 147 Bank St.

5. Full Name of Mother Louisa Sophia Wallace

6. Mother's Maiden Name Louisa S. Bowling

7. Mother's Birthplace Baltimore City, Md.

8. Full Name of Father George Anderson Wallace

9. Father's Occupation Cann Maker

10. Father's Birthplace Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell

Address 207 S. Broadway

Remarks \_\_\_\_\_



# RETURN OF A BIRTH.

39613

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

State whether Male or Female)

Female

or Color (if not of the white race)

Negro

of Birth

June 4th

of Birth (Street and Number)

72 Davis St

Name of Mother

Susan Ellen Brown

er's Maiden Name

Susan Ellen Hawkins

er's Birthplace

Baltimore

Name of Father

Joseph Brown

er's Occupation

Engineer

er's Birthplace

Baltimore

Signature of Medical Attendant, or other Person who makes this Return.

Edw. W. Dwyer

51 W Calvert St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 39614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 4<sup>th</sup> of June 1880
4. Place of Birth, (Street and Number) 295 Higginell St.
5. Full Name of Mother Maria Heimiller
6. Mother's Maiden Name Minnie Bisher
7. Mother's Birthplace Baltimore
8. Full Name of Father John William Heimiller
9. Father's Occupation Furniture
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mayhew
- Address 125 N. Howard
- Remarks Born

**Birth Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

39615-

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 5 <sup>th</sup> 1880
4. Place of Birth (Street and Number)	145 Harford Ave
5. Full Name of Mother	Mary A Krebs
6. Mother's Maiden Name	" " Gosnell
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas F Krebs
9. Father's Occupation	Bookster
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, <small>or other Person who makes this Return.</small>	Margaret Winter
Address	178 Harford Ave
Remarks	

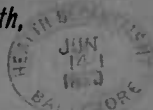
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39616

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether ~~Male~~ or Female) female
2. Race or Color (if not of the white race) W
3. Date of Birth June 1880
4. Place of Birth (Street and Number) 110 Batty Avenue
5. Full Name of Mother Married Joy ed
6. Mother's Maiden Name " Kelly
7. Mother's Birthplace Ireland
8. Full Name of Father John Joy ed
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Augustus W. D. D. J. M. D.
- Address
- Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *June 5th 1880*

4. Place of Birth (Street and Number) *71 McKim St*

5. Full Name of Mother *Mary A. Gibson*

6. Mother's Maiden Name *"Gillooly"*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Andrew Gibson*

9. Father's Occupation *Cas. - Filler*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Edward McDevlin*

Address *133 N. E. St. 2d*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39618

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup> Child

1. Sex, (state whether male or female).

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 5<sup>th</sup> 1880.

4. Place of Birth, (Street and Number)

72 William St.

5. Full Name of Mother,

Ellen. Bradshaw,

6. Mother's Maiden Name,

1, " North,

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Julian Bradshaw,

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Dorchester Co., Ind.,

Name of Medical Attendant, or other Person who makes this return.

R. J. N. Tall. M.D.,

Address,

152 Sharp St.,

Remarks,

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male & Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May*
4. Place of Birth, (Street and Number) *5 Madison St.*
5. Full Name of Mother, *Mary P. Carr*
6. Mother's Maiden Name, *"Howe's"*
7. Mother's Birthplace, *Calvert Co. Md.*
8. Full Name of Father, *Virgil O. Carr*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Calvert Co. Md.*
- Name of Medical Attendant, *Dr. G. L. Dyer, M.D.*  
or other Person who makes this Return.
- Address, *Balt. & Wash. sts.*
- Remarks, *Natural*

# RETURN OF A BIRTH.

396.21

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex (state whether Male or Female)

Male

Race or Color (if not of the white race)

Colored

Date of Birth

June the 5<sup>th</sup> 1880

Place of Birth (Street and Number)

Baltimore 52 1/2 E. May St

Full Name of Mother

Annie Brown

Mother's Maiden Name

Annie Watkins

Mother's Birthplace

West River Md

Full Name of Father

Alfred Brown

Father's Occupation

Hobos

Father's Birthplace

West River Maryland

Name of Medical Attendant, or other Person who makes this return

Mrs. Hester Bondley

Address

85 Orchard St

Remarks

~~State of Maryland~~



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39622

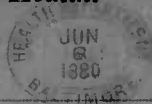
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 3. 1880*
4. Place of Birth (Street and Number) *No 490 Penna Avenue*
5. Full Name of Mother *Mary L. Sachs*
6. Mother's Maiden Name *Mary L. Harvey*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles J. Sachs*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. Schmidt*
- Address *N. 476 Penna Avenue*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth fifth of June
4. Place of Birth (Street and Number) No 285 Williams street.
5. Full Name of Mother Catherine Hiss.
6. Mother's Maiden Name Catherine Hannon.
7. Mother's Birthplace Baltimore City.
8. Full Name of Father George H. Hiss.
9. Father's Occupation Preacher.
10. Father's Birthplace Baltimore City.
- Name of Medical Attendant, or other Person who makes this Return. Wm. Conway
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

37624

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 1. 5. June 1880.

4. Place of Birth (Street and Number) Baltimore O'Donnell St. 33.

5. Full Name of Mother Joanne Sieckhoff.

6. Mother's Maiden Name Schlöder

7. Mother's Birthplace Baltimore

8. Full Name of Father Heinrich Sieckhoff.

9. Father's Occupation Leinwandhändler.

10. Father's Birthplace Leinwandhändler.

Name of Medical Attendant, or other Person who makes this Return. Anna Thimmert.

Address 21 O'Donnell St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

37623

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *female Child*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *June the 5. 1880*
4. Place of Birth, (Street and Number) *162 Mullica St Baltimore Md*
5. Full Name of Mother, *Mary Elizabeth Murray*
6. Mother's Maiden Name, *Mary Elizabeth Baker*
7. Mother's Birthplace, *Baltimore City Md*
8. Full Name of Father, *Hearn Murray*
9. Father's Occupation, *Labr*
10. Father's Birthplace, *Carline County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lurinda Woodford*
- Address, *130 Regester St Baltimore Md*
- Remarks,

# RETURN OF A BIRTH, 39626

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1  
Male  
White  
Jan 24 1880  
East Avenue  
Sarah Weston  
Sarah Dougherty  
Brooklyn, N.Y.  
Henry C. Weston  
Clerk  
Virginia  
H. H. Gans  
634 Light St.

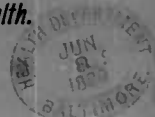


rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth*

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

*June 5<sup>th</sup> 10-38 A.M. 1887*

4. Place of Birth (Street and Number)

*44 S. High St*

5. Full Name of Mother

*Kartha Pletscher*

6. Mother's Maiden Name

*" Bartschmer*

7. Mother's Birthplace

*Balto*

8. Full Name of Father

*John Pletscher*

9. Father's Occupation

*Cutler Surgical Instruments Manufacturer*

10. Father's Birthplace

*Balto*

Name of Medical Attendant, or other Person who makes this Return.

*A. J. Shertzer M.D.*

Address

*11 S. High St*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~male~~ or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

39625  
SEALED  
JAN 30 1890  
BALTIMORE  
White  
June 5/90  
73 Hollman St  
Laura Kirby  
" Leroy  
Annapolis, Md  
John Kirby Sr  
Mechanic Blacksmith  
Baltimore  
A. L. Spencer, M.D.  
379 H. Lombard St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Dr. A. H. SAXTON,  
No. 543 W. Lexington Street  
BALTIMORE.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 5 - 1880

4. Place of Birth (Street and Number) 393 Franklin St.

5. Full Name of Mother Alice M. Kerren

6. Mother's Maiden Name Alice Brown

7. Mother's Birthplace Anson V Bridge, Maryland

8. Full Name of Father William M. Kerren

9. Father's Occupation Painter

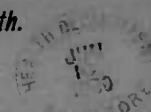
10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. A. H. Saxton, M.D.

Address 543 Lexington St.

Remarks

39629



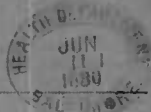


rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Girl*
  2. Race or Color (if not of the white race) *Colored*
  3. Date of Birth *June 5<sup>th</sup> 1880*
  4. Place of Birth (Street and Number) *No 47 Elbow Lane*
  5. Full Name of Mother *Nanie Gray*
  6. Mother's Maiden Name
  7. Mother's Birthplace *Anne Arundel County Md*
  8. Full Name of Father *Thomas Gray*
  9. Father's Occupation *Seaman*
  10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Broadway Alley*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39631

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 6th 1880
4. Place of Birth, (Street and Number) Baltimore Parkin St. No. 3
5. Full Name of Mother Barclame Reese
6. Mother's Maiden Name Senner
7. Mother's Birthplace Germany
8. Full Name of Father Peter Reese
9. Father's Occupation Seegar-maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Nurse C. Mitchell
- Address N. E. 140 Ramsey St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39.632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 6 1880

4. Place of Birth, (Street and Number)

Baltimore Sarah ann St No 60

5. Full Name of Mother,

Mary Alice Robinson

6. Mother's Maiden Name,

Annapolis md

7. Mother's Birthplace,

Fisher

8. Full Name of Father,

James Robinson

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore md

Name of Medical Attendant, or other Person who makes this Return.

Mary A Dorsey

Address,

No 83 Oxford St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39633

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 6th 1880

4. Place of Birth (Street and Number)

313 N. Bond St.

5. Full Name of Mother

Alice Marshall

6. Mother's Maiden Name

Wain

7. Mother's Birthplace

Richmond Va.

8. Full Name of Father

Louis M. Marshall

9. Father's Occupation

Boysenlager

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Regina D. Winter

Address

178 Harford Ave.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39634

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 6<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 228 S Bethel

5. Full Name of Mother William Schmitt

6. Mother's Maiden Name Hankel

7. Mother's Birthplace City

8. Full Name of Father Carl W. Schmitt

9. Father's Occupation Laborer

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bety

Address 245 Canton Ave

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 6<sup>th</sup> 1880  
 4. Place of Birth (Street and Number) 210 Maryland St.  
 5. Full Name of Mother Carrie Schinner  
 6. Mother's Maiden Name Carrie Jones  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Julius Schinner  
 9. Father's Occupation Scotchman  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who made this Return. Dr. W. L. Schinner  
 Address 121 W. Lombard St.  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

37636

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth June 6<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 26. Payne St.

5. Full Name of Mother Julia Smith

6. Mother's Maiden Name Julia Skinner

7. Mother's Birthplace Easton Md.

8. Full Name of Father John R. Smith

9. Father's Occupation Harvester

10. Father's Birthplace W. Va.

Name of Medical Attendant, or other Person who makes this Return. Dr. August A. Richmond

Address 185 LEE ST.

Remarks \_\_\_\_\_

Exact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 6<sup>th</sup> 1880.*

4. Place of Birth (Street and Number) *394 Mulberry St*

5. Full Name of Mother *Sally L Whittington*

6. Mother's Maiden Name *Shawley*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *William Whittington*

9. Father's Occupation *Printer*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.D.*

Address *581 Lexington St.*

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39638

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 4<sup>th</sup> 1880
4. Place of Birth (Street and Number) No 44 Chestnut st
5. Full Name of Mother Lucy Adeline Bennett
6. Mother's Maiden Name Lucy Adeline Brine
7. Mother's Birthplace Easton Talbot Co MD
8. Full Name of Father Charles Henry Bennett
9. Father's Occupation Hood Carrier
10. Father's Birthplace Easton Talbot Co MD
- Name of Medical Attendant, or other Person who makes this Return Harriet Jackson
- Address No 5 Half Moon Alley
- Remarks

3/4 3/4

**Health**

10.1111/j.1365-3113.2011.04577.x

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5

*Handwritten signature*

12

June 6<sup>th</sup> 1960

Number) W. E. Con. Pratt, Mar. 1900

Christine Beckwith

11 *R. A. C.*

St. Lawrence City

*James B. Carter*

1. grass root

9 June 1952

2. *Historia nova*  
L. B. *Deinde*

11

.....

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Twins*  
*Mails.*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

*6<sup>th</sup> of June 1859*  
*No 1722 Hollins St.*

4. Place of Birth (Street and Number)

5. Full Name of Mother

*Sophia Reis.*

6. Mother's Maiden Name

*" " "*

7. Mother's Birthplace

*Baltimore.*

8. Full Name of Father

*Michel. Reis.*

9. Father's Occupation

*Labeling-Man*

10. Father's Birthplace

*Baltimore*

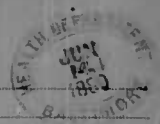
Name of Medical Attendant, or other Person who makes this Return.

*Mrs. A. Lindner.*

Address

*N 45 Monroe St.*

Remarks

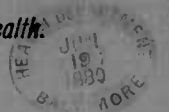


rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c. or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 6th  
 4. Place of Birth (Street and Number) 127 W. Eutaw St.  
 5. Full Name of Mother Julia Rossmstock  
 6. Mother's Maiden Name Schloss  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Levi Rossmstock  
 9. Father's Occupation Merchant  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Thos. S. Strickland  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 6th 1880.*  
4. Place of Birth (Street and Number) *No. 66 Argyle St.*  
5. Full Name of Mother *Annie Hanna*  
6. Mother's Maiden Name *Annie Medaury*  
7. Mother's Birthplace *Baltimore City*  
8. Full Name of Father *Henry W. Hanna*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *John C. Harris M.D.*  
Address *No 360 Lexington St*  
Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

37644

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 6*
4. Place of Birth, (Street and Number) *No. 114 Ramsey St.*
5. Full Name of Mother, *Annie Eliza Davis*
6. Mother's Maiden Name, *Barnes*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Joseph Davis*
9. Father's Occupation, *Cannemaker*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return, *Detach*
- Address, *439 West Pratt St near Fremont*
- Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 6<sup>th</sup> 1880

4. Place of Birth (Street and Number)

155 Johnson St.

5. Full Name of Mother

Perrine

6. Mother's Maiden Name

7. Mother's Birthplace

B.C.

8. Full Name of Father

Jno. Perrine

9. Father's Occupation

B. & O. R.R. Employee

10. Father's Birthplace

B. C.

Name of Medical Attendant, or other Person who makes this Return.

J. Hamer Still M.D.  
119 Edmondson Ave.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39646

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 6th 1880*

4. Place of Birth (Street and Number) *10 Baker St*

5. Full Name of Mother *Harriet Hartzell*

6. Mother's Maiden Name *Graham*

7. Mother's Birthplace *Ind*

8. Full Name of Father *Martin Luther Hartzell*

9. Father's Occupation *Coach driver*

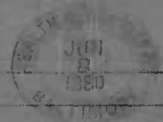
10. Father's Birthplace *Ind*

Name of Medical Attendant, or other Person who makes this Return.

*Lehas E. Scatter M.D.*  
*649 Penna Ave*

Address

Remarks





**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

39647

*To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.*



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Col

3. Date of Birth June 6th

4. Place of Birth (Street and Number) 631 Penna Ave

5. Full Name of Mother Fanny Burr

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father John Henry Burr

9. Father's Occupation Waiter

10. Father's Birthplace Ind

Name of Medical Attendant, or other Person who makes this Return. Charles Jaattler M.D.

Address 649 Penna Ave

Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 6th June 1890

4. Place of Birth (Street and Number) Baltimore, Fayette St No 60

5. Full Name of Mother Betsy Mallick

6. Mother's Maiden Name Betsy M - - -

7. Mother's Birthplace Germany

8. Full Name of Father - - - - -

9. Father's Occupation - - - - -

10. Father's Birthplace - - - - -

Name of Medical Attendant, or other Person who makes this Return. Mary Lapitch

Address 69 Washington St

Remarks Mary Lapitch

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39649

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 6<sup>th</sup> June 1880

4. Place of Birth (Street and Number)

5. Full Name of Mother Anna Harvat

6. Mother's Maiden Name Anna Fiska

7. Mother's Birthplace Germany

8. Full Name of Father Joseph Harvat

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hopfisch

Address 69 Washington St.

Remarks Mary Hopfisch

SEALED JUN 8 1880 BALTIMORE

Extract Regulations of the Board of Health to secure a  
Record of Vital Statistics in the City of Baltimore.

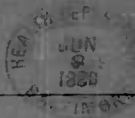
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

39650

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth June 6th 1880

4. Place of Birth, (Street and Number) June 6th 1880

5. Full Name of Mother Maudie Irene Kinsey

6. Mother's Maiden Name Hallings

7. Mother's Birthplace Baltimore

8. Full Name of Father Alfred Stacy Kinsey

9. Father's Occupation R.R. Operator

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Kinsey

Address 76 West St.

Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

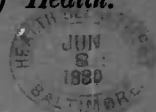
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

37657

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth June 6

4. Place of Birth, (Street and Number) 194 William St

5. Full Name of Mother Hannah Dorsey

6. Mother's Maiden Name Cothran

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles Dorsey

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M. B. Sawyer

Address 76 Maple St

Remarks \_\_\_\_\_

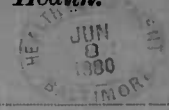
rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39652



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether male or female) *female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *June 6<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *139 Raborg St.*  
 5. Full Name of Mother *Sarah Hanry*  
 6. Mother's Maiden Name *Sarah Swift*  
 7. Mother's Birthplace *Ellicott Mills*  
 8. Full Name of Father *Wm. Hanry*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Annapolis*  
 Name of Medical Attendant, or other Person who makes this Return. *Elvira Harris*  
 Address *143 Raborg St.*  
 Remarks *Fine Child alive & doing well*

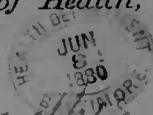
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39683

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *female Child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *June the 6<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *83 Spring St Baltimore Md*
5. Full Name of Mother, *Mary Slater*
6. Mother's Maiden Name, *Mar. Fisher*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *James Slater*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore City Md*
- Name of Medical Attendant, *Lurinda Woolford*  
or other Person who makes this Return.
- Address, *130 Regester St Baltimore City Md*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth June 25, 1880
4. Place of Birth, (Street and Number) South-west corner of Broadway
5. Full Name of Mother Mary Lass
6. Mother's Maiden Name Mary Green
7. Mother's Birthplace W. Va.
8. Full Name of Father Edwin Lass
9. Father's Occupation carriage making
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Ann Green
- Address 134 Legh St.
- Remarks \_\_\_\_\_



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39655  
JUN 11 1880  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Jun 6<sup>th</sup> 1880
4. Place of Birth (Street and Number) 1414<sup>th</sup> Port Ave
5. Full Name of Mother Laura V. Hayes
6. Mother's Maiden Name do do Jelle Calister
7. Mother's Birthplace Baltimore city md
8. Full Name of Father Wm Hayes RR
9. Father's Occupation freight Conductor B. & O.
10. Father's Birthplace Berlin Fred co md
- Name of Medical Attendant, or other Person who makes this Return C. Hinton
- Address Port Ave No. 121
- Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *Black*

3. Date of Birth *6 May 1880 June*

4. Place of Birth (Street and Number) *25 Hammond*

5. Full Name of Mother *Rose E. Toner*

6. Mother's Maiden Name *Leh*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Toner*

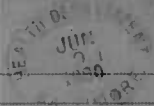
9. Father's Occupation *Master Blacker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Rose Ulling*

Address *1st Holland Street*

Remarks *Batt*



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39657

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *June 6<sup>th</sup> 1880*  
 4. Place of Birth, (Street and Number) *87 Patterson Av.*  
 5. Full Name of Mother, *Mrs. Schinhoff*  
 6. Mother's Maiden Name, *Baltimore*  
 7. Mother's Birthplace, *Mrs. Schinhoff*  
 8. Full Name of Father, *Geo. Schinhoff*  
 9. Father's Occupation, *Ag. Mach.*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, *Geo. H. Harris M.D.*  
 Address, *Cor. Strickland & Presatman*  
 Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *Girl*
2. Race or Color (if not of the white race) *Celena*
3. Date of Birth *June 6<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *No 107 Conway*
5. Full Name of Mother *Fannie Williams*
6. Mother's Maiden Name
7. Mother's Birthplace *Fredrick County Md*
8. Full Name of Father *Henry Williams*
9. Father's Occupation *Laber*
10. Father's Birthplace *Bath City W. Va*
- Name of Medical Attendant, or other Person who makes this Return. *Detonah Thomas*
- Address *70 Burgundy Alley*
- Remarks

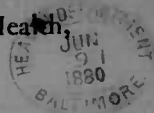
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

39659



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

June 6<sup>th</sup> 1880  
No 246 N Caroline st Balt  
Ella Oleita Barber  
" " Mitchell  
Maryland  
Thomas H Barber  
Surgeon  
Maryland  
J Ridgway Andrews  
300 125 E Balt st

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39660

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 1st 1886*
4. Place of Birth, (Street and Number) *St. Marks Hotel on trap road,*
5. Full Name of Mother, *Barbara Kriedger*
6. Mother's Maiden Name, *Barbara Hamburg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Daniel Hamburg*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Francesca Kunkel*
- Address, *11 North Chapel street per Frances Kunkel*
- Remarks, *Healthy.*

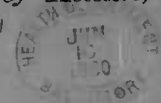
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39661

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2<sup>d</sup> of June, 1888*
4. Place of Birth, (Street and Number) *114 East Durham Street*
5. Full Name of Mother, *Mary Schurz*
6. Mother's Maiden Name, *Mary Neaps*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Neaps*
9. Father's Occupation, *Ugar*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Runkel*
- Address, *11 North Chapel Street per Crescentia Runkel*
- Remarks, *Healthy.*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second Child*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 6th 1880*  
4. Place of Birth (Street and Number) *154 Greenmount Avenue*  
5. Full Name of Mother *Elizabeth Easting*  
6. Mother's Maiden Name *Elizabeth Shankbach*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Edward Easting*  
9. Father's Occupation *File Cutter*  
10. Father's Birthplace *Prussia*  
Name of Medical Attendant, or other Person who makes this Return. *Henry P. P. Yeates*  
Address *137 N. Green St.*  
Remarks



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 6/80

4. Place of Birth (Street and Number) 3914 Mulberry

5. Full Name of Mother Sally L. Whittington

6. Mother's Maiden Name Shawley

7. Mother's Birthplace Maryland

8. Full Name of Father Wm. Whittington

9. Father's Occupation Printer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address 581 Lexington St.

Remarks \_\_\_\_\_

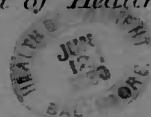
ENTRANCE TO BUILDINGS OF THE BOARD OF HEALTH TO SECURE A JUST AND CORRECT  
Record of Vital Statistics, in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

376611

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6<sup>th</sup> June 1880

4. Place of Birth, (Street and Number)

Wilamit Street 26 corner

5. Full Name of Mother,

Mary Kappel  
Gap

6. Mother's Maiden Name,

7. Mother's Birthplace,

Pencilvania

8. Full Name of Father,

Louis Kappel

9. Father's Occupation,

Salora

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Wiley

Address,

No 13 Patterson Park Av

Remarks,

Standard Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) 9th

1. Sex (state whether Male ~~or~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

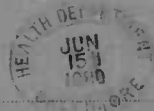
Remarks

June 7th - 1880  
No 91 Mullikin St -  
Eleanor Frederick  
" Booes -  
Canada -  
Alexander, Frederick  
Shoemaker -  
Baltimore  
Wm. L. Russell  
2000 Broadway Madison St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

39666

BALTIMORE CITY.



1. Sex, (state whether male or female) ... Male

3. Date of Birth, ... June 7th 1880.

5. Full Name of Mother, *Amelia Rosina Shaw.*

7. Mother's Birthplace, *Baltimore Md.*

9. Father's Occupation, *Candy Manufacturer.*

Name of Medical Attendant, or other Person who makes this Return. *Pembroke W. Hembel*

Address, Box 205 W. Lombard St

Address, *1000 14th St. N. Wash. D. C.*  
Remarks, *Balt.*

Extend the regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

470  
39667

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 7th 1883.

4. Place of Birth (Street and Number) 102 Mulberry St.

5. Full Name of Mother Georgeanna Culbertson

6. Mother's Maiden Name Stover

7. Mother's Birthplace Baltimore Co.

8. Full Name of Father Isaac F. Culbertson

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. E. Moxley M.D.

Address 248 N. Eutan St.

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39668

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 7th 1880

4. Place of Birth (Street and Number)

56 Columbia Ave

5. Full Name of Mother

Mary L. Warfield

6. Mother's Maiden Name

Leitchman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

D. William Warfield

9. Father's Occupation

Baltimore

Book Keeper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elias Leitchman M.D.

Address

262 Madison Ave

Remarks

Correct Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39669

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth June 7<sup>th</sup> 1899  
4. Place of Birth (Street and Number) 393 Division St  
5. Full Name of Mother Margaret Hosper  
6. Mother's Maiden Name Kelly  
7. Mother's Birthplace Ma  
8. Full Name of Father Michael Hosper  
9. Father's Occupation Car Driver  
10. Father's Birthplace Ma  
Name of Medical Attendant, or other Person who makes this Return. Charles E. Sadtler M.D.  
Address 649 Penna Ave  
Remarks

Correct Registrations of the Return of Births to secure a just and true record Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *Jewish*

3. Date of Birth *7th May 1880 June*

4. Place of Birth (Street and Number) *127 Eden Street*

5. Full Name of Mother *Hermeta Pines*

6. Mother's Maiden Name *Raerel*

7. Mother's Birthplace *Balti. Md*

8. Full Name of Father *Morris Pines*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Russia*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. R. Ullig*

Address *48 Holland St*

Remarks *Balt*

39671

JUN 9 1880



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 7<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *257 N. Eutan st*
5. Full Name of Mother *Eva Brantly*
6. Mother's Maiden Name *Walker*
7. Mother's Birthplace *Georgia*
8. Full Name of Father *Wm J. Brantly*
9. Father's Occupation *Preacher*
10. Father's Birthplace *Georgia*
- Name of Medical Attendant, or other Person who makes this Return. *P. B. Williams*
- Address *201 Madison Ave*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

59672

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

July 10<sup>th</sup> 1886

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 7<sup>th</sup> 1886
4. Place of Birth, (Street and Number) 104 Graham St.
5. Full Name of Mother Katrina Hoffschinsky
6. Mother's Maiden Name Barbara Pittmann
7. Mother's Birthplace Germany
8. Full Name of Father William Hoffschinsky
9. Father's Occupation Printer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.
- Address No. 137 Wolfe St.
- Remarks CH

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39673

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 7<sup>th</sup> 1880
4. Place of Birth (Street and Number) 183 N. Arlington Avenue
5. Full Name of Mother Florence Primrose
6. Mother's Maiden Name Florence Herring
7. Mother's Birthplace Baltimore
8. Full Name of Father William D. Primrose
9. Father's Occupation Clerk
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Edmund K. Walker M.D.
- Address 183 Linden Ave
- Remarks Labour short - normal

Correct Record of Vital Statistics in the City of Baltimore,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39674

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Black*  
 3. Date of Birth *June 7th 1880*  
 4. Place of Birth (Street and Number) *No. 93-Naborg St.*  
 5. Full Name of Mother *Annie Peirce*  
 6. Mother's Maiden Name *Annie Cooper*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *James Peirce*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Kent Co. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardner M.D.*  
 Address *120 N. Greene St. City*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*  
1. Sex (state whether Male or Female) *female*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *June 8<sup>th</sup> 1880*  
4. Place of Birth (Street and Number) *S. W. Cor. Monument & Washington*  
5. Full Name of Mother *Annie M. Wood*  
6. Mother's Maiden Name *Cohoe*  
7. Mother's Birthplace *Sussex County, Delaware*  
8. Full Name of Father *Lamson Joseph P. Wood*  
9. Father's Occupation *Agent*  
10. Father's Birthplace *Culpepper County, Virginia*  
Name of Medical Attendant, or other Person who makes this return *J. St. Sauveur*  
Address *27 N. Broadway*  
Remarks *Balto.*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 8<sup>th</sup> 1888
4. Place of Birth, (Street and Number) Eq 37 No. 64th
5. Full Name of Mother Bridget Doyle
6. Mother's Maiden Name Bridget Fleming
7. Mother's Birthplace Ireland
8. Full Name of Father Charles Doyle
9. Father's Occupation Wagoner
10. Father's Birthplace Balti

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John H. Hegan  
188 E. Broadway

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex (state whether male or female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *June 8 - 1880*
4. Place of Birth (Street and Number) *Madison hall of Prop. 60.*
5. Full Name of Mother *Katherine Frank.*
6. Mother's Maiden Name *Katherine Weller.*
7. Mother's Birthplace *Germany.*
8. Full Name of Father *George Frank.*
9. Father's Occupation *Cabman.*
10. Father's Birthplace *Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. W. Weller*
- Address *42 Gardenfull*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 8th - 1880
4. Place of Birth (Street and Number) 156 Hartford Av.
5. Full Name of Mother Margaret
6. Mother's Maiden Name Conney
7. Mother's Birthplace Beth-County Md
8. Full Name of Father Franklin Boucher
9. Father's Occupation Merchant
10. Father's Birthplace France
- Name of Medical Attendant, or other Person who makes this Return. J. F. Leary - M.D.
- Address 134 W. High st.
- Remarks \_\_\_\_\_



**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_ *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_ *white*
3. Date of Birth \_\_\_\_\_ *8th of June*
4. Place of Birth (Street and Number) \_\_\_\_\_ *Baltimore 166 Baltimore Ave*
5. Full Name of Mother \_\_\_\_\_ *Josephine S. Matthews*
6. Mother's Maiden Name \_\_\_\_\_ *Smith*
7. Mother's Birthplace \_\_\_\_\_ *Baltimore*
8. Full Name of Father \_\_\_\_\_ *Vaughn S. Matthews*
9. Father's Occupation \_\_\_\_\_ *laborer*
10. Father's Birthplace \_\_\_\_\_ *Edmestown & county*
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_ *Dr. Conway*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39680

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 8th
4. Place of Birth, (Street and Number) 1264 S Bond St
5. Full Name of Mother Mr. Parker Ferguson
6. Mother's Maiden Name Lillian
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Ferguson
9. Father's Occupation Clerk
10. Father's Birthplace Denmark
- Name of Medical Attendant, or other Person who makes this return. Mrs. Getzke
- Address 1264 S Bond St
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

39681

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 9<sup>th</sup> 80

4. Place of Birth, (Street and Number) #95. Leadonhall st

5. Full Name of Mother Mary Neubert

6. Mother's Maiden Name Spaadt

7. Mother's Birthplace Baltimore

8. Full Name of Father John Neubert

9. Father's Occupation Cigar maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stahl

Address #328. S. Euterdo

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH <sup>39682</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 8 June
4. Place of Birth, (Street and Number) 19 Concord
5. Full Name of Mother, Ani Pille
6. Mother's Maiden Name, Low
7. Mother's Birthplace, Balt Md
8. Full Name of Father, James Pille
9. Father's Occupation, Workman
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address, 12 E Lombard
- Remarks, \_\_\_\_\_

REPORT OF THE COMMISSIONER OF THE CITY OF BALTIMORE.

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39683

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 June

4. Place of Birth, (Street and Number)

Easton St

5. Full Name of Mother,

Livia Mohler

6. Mother's Maiden Name,

Wolf

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Georg Miller

9. Father's Occupation,

Workingman

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Casper

Address,

52 E Lombard

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *June 8th 1880*

4. Place of Birth (Street and Number) *52 Pratt Street*

5. Full Name of Mother *Cynthia Haney*

6. Mother's Maiden Name *Talley*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Louis Haney*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mrs. Bernstein*

Address *113 E. Lombard str.*

Remarks *No Remarks.*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

39685-

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

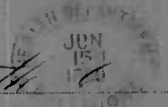
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Ph. O. Th.*  
*MA ab*  
*Guard*  
*1st June*  
*214 Werny St*  
*Gezzu*  
*Lizzie*  
*Baltimore*  
*Facel*  
*Shu*  
*Baltimore*  
*Georg anne Burt*



REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

89686

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th June 1880

4. Place of Birth, (Street and Number)

341 Canton Avenue

5. Full Name of Mother,

Agnes Gibmyer

6. Mother's Maiden Name,

Agnes Schiller

7. Mother's Birthplace,

Papenburg Hannover Germany

8. Full Name of Father,

John Fred Gibmyer

9. Father's Occupation,

Undertaker

10. Father's Birthplace,

Baltimore

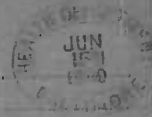
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address,

1012 Patterson Park Sw

Remarks,





rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

39687  
JUN 11 1880  
BALTIMORE  
2nd  
Male  
White  
June 8, 1880  
363 S. Charles St  
Mollie E. Lyon  
Mollie E. Gibson  
Baltimore, Md  
Wm. J. Lyons  
Blacksmith  
Baltimore, Md  
Theodore Cooke, M.D.  
146 Hancock St

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39688

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *June 8<sup>th</sup> 1880.*
4. Place of Birth (Street and Number) *Maternity 166 W. Lombard St.*
5. Full Name of Mother *Mary Linton*
6. Mother's Maiden Name *Unkubon.*
7. Mother's Birthplace *Pennsylvania (Phila.)*
8. Full Name of Father *Unkubon.*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *Spencer W. Price M.D.*
- Address *Maternity Hospital, 161 W. Lombard St.*
- Remarks *Del. B. M.D.*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence of the mother of such child or children.

# RETURN OF A BIRTH,

29689

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 8<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 191 S. Wolf St.
5. Full Name of Mother Margaret Ballinier
6. Mother's Maiden Name Margaret Ballinier
7. Mother's Birthplace Germane
8. Full Name of Father Christian Fiedrig
9. Father's Occupation Ufermacher
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return M. R. Rudiger
- Address 134 W. Bond St.
- Remarks \_\_\_\_\_

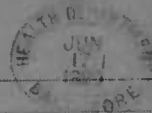
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39690



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 8th 1880*
4. Place of Birth (Street and Number) *227 N. Frank St.*
5. Full Name of Mother *Mary B. Hahy*
6. Mother's Maiden Name *" " Hunk*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *John J. Hahy*
9. Father's Occupation *Carver*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Edward J. McNeill*
- Address *133 E. W. St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 1st 1888*  
 4. Place of Birth (Street and Number) *No 251 Baker St*  
 5. Full Name of Mother *Maggie Hartzell*  
 6. Mother's Maiden Name *Maggie Kurtz*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Walter Hartzell*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return *A. C. Pole M.D.*  
 Address *No 1 N Boundary Ave*  
 Remarks *Mother Left Occup. Mlad Baltimore, E.*  
*Antes Post.*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3  
Sex (state whether Male or Female) Female  
Race or Color (if not of the white race) \_\_\_\_\_  
Date of Birth June 8<sup>th</sup> 80  
Place of Birth (Street and Number) No 122 S Washington St  
Full Name of Mother Theirisa Beifolter  
Mother's Maiden Name  Kaufman  
Mother's Birthplace Luckenhaus, in Prussia  
Full Name of Father Bernhard Beifolter  
Father's Occupation Carpenter  
Father's Birthplace Baltimore Md  
Name of Medical Attendant, or other Person who makes this Return. Mrs A. Knowles  
Address No 136 South Caroline  
Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June the 8<sup>th</sup>*

4. Place of Birth, (Street and Number) *19. Concord. St.*

5. Full Name of Mother, *Emma. Gilley*

6. Mother's Maiden Name, *Emma. Love.*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *James. F. Gilley*

9. Father's Occupation, *Workingman.*

10. Father's Birthplace, *Baltimore. Md.*

Name of Medical Attendant, *Wm. W. Baker*  
or other Person, make this return.

Address, *Dr. E. Longford, St*

Remarks, *Died the 20<sup>th</sup> of June on Wm. W. Baker*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Poland
3. Date of Birth 2d of June
4. Place of Birth, (Street and Number) 11th Street 130
5. Full Name of Mother Betty Smith
6. Mother's Maiden Name Betty Smith
7. Mother's Birthplace Accomack Co Va
8. Full Name of Father John Smith
9. Father's Occupation Labor
10. Father's Birthplace Accomack Co Va
- Name of Medical Attendant, or other Person who makes this Return. Rachel Dore
- Address 205 - Mount Vernon St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 8<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *Corner of East and Green Sts.*
5. Full Name of Mother *Wilhelmina Rose*
6. Mother's Maiden Name *Barron*
7. Mother's Birthplace *Hersfeld. Hesse*
8. Full Name of Father *Philip Rose*
9. Father's Occupation *Liquor Dealer*
10. Father's Birthplace *Erlangen, Bavaria*
- Name of Medical Attendant, or other Person who makes this Return. *W. Stein, M.D.*
- Address *195 W. Eden St.*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

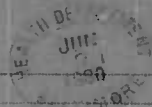
# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*  
 1. Sex (state whether male or female) *White female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *8 of May June 1880*  
 4. Place of Birth (Street and Number) *68 Carter Street*  
 5. Full Name of Mother *Minnie Howe*  
 6. Mother's Maiden Name *Cruck*  
 7. Mother's Birthplace *Balti Md*  
 8. Full Name of Father *Charles Howard*  
 9. Father's Occupation *Sailor*  
 10. Father's Birthplace *Balti Md*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address *Mrs Ross Ulling*  
 Remarks *46 Holland Street*

*Balti*



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 39697
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Genial
3. Date of Birth 8<sup>th</sup> of June 1880
4. Place of Birth (Street and Number) 43<sup>rd</sup> Robinson
5. Full Name of Mother Birdie Boldsmith
6. Mother's Maiden Name Chenbun
7. Mother's Birthplace Polen
8. Full Name of Father Irish Goldstein
9. Father's Occupation Shoe maker
10. Father's Birthplace Polen
- Name of Medical Attendant, or other Person who makes this Return.
- Address Miss Rose Ullig
- Remarks 48 Holland Street  
Baltimore

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

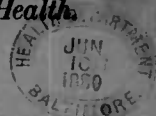
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 child*  
1. Sex (state whether male or female) *female*  
2. Race or Color (if not of the white race) *Jewish*  
3. Date of Birth *8 of May 1880*  
4. Place of Birth (Street and Number) *188 Monument Street*  
5. Full Name of Mother *Emma De Bair*  
6. Mother's Maiden Name *Kuhn*  
7. Mother's Birthplace *Hamburg*  
8. Full Name of Father *Jakob De Bair*  
9. Father's Occupation *Merchant Tailor*  
10. Father's Birthplace *Holland*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Mrs Rosa Ullig*  
*45 Holland Street*  
Remarks *Patt*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39699



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 8 1880*
4. Place of Birth (Street and Number) *162 Hudson st*
5. Full Name of Mother *Eocanna Cox*
6. Mother's Maiden Name *Eocanna Mack*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Hugh Cox*
9. Father's Occupation *waiter*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Burke st*
- Remarks

Records of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 8th

4. Place of Birth, (Street and Number)

1243 S. Bond St.

5. Full Name of Mother

A Lena Lintaman

6. Mother's Maiden Name

Schreck

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm Lintaman

9. Father's Occupation

Cigar maker

10. Father's Birthplace

Baltimore

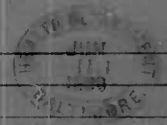
Name of Medical Attendant, or other Person who makes this Return.

Sophia Simon

Address

1270 Greenby St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39701

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 9*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 8 of 1899*

4. Place of Birth (Street and Number) *No 243 Asylum*

5. Full Name of Mother *Elmy Binsty*

6. Mother's Maiden Name *Amey Mager*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Bernat. Mager*

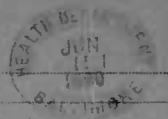
9. Father's Occupation *Confectionary*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Cristina Sauer*

Address *177 Sharpeover*

Remarks *788*





That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June. 8, 1888*
4. Place of Birth, (Street and Number) *S. Anna St. - 17 192*
5. Full Name of Mother, *Ella Gehrman*
6. Mother's Maiden Name, *Ella Gengerbach*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Julius Gehrman*
9. Father's Occupation, *Book Keeper*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this return

Address, *N. Dallas St. - 17 26*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39703

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 2<sup>nd</sup> of June
4. Place of Birth (Street and Number) Baltimore Washington Ave. apt 26
5. Full Name of Mother Ellen Kelley
6. Mother's Maiden Name Ellen Drake
7. Mother's Birthplace Maryland
8. Full Name of Father Patrick Joseph Kelley
9. Father's Occupation Buttery
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mary Keating
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Frank 2d*

1. Sex (state whether Male or Female) *W*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *Dec 8 1899*

4. Place of Birth (Street and Number) *126 Stephen*

5. Full Name of Mother *Catherine Bickme*

6. Mother's Maiden Name *Catherine Roffey*

7. Mother's Birthplace *Balt. Md.*

8. Full Name of Father *Frank Bickme*

9. Father's Occupation *agent*

10. Father's Birthplace *Balt.*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Batten M.D.*

Address *73 Franklin*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 8th*

4. Place of Birth (Street and Number) *23 Calver St*

5. Full Name of Mother *Winey Cotton*

6. Mother's Maiden Name *Birdy Hart*

7. Mother's Birthplace *Cushman*

8. Full Name of Father *Lipman Cotton*

9. Father's Occupation *Clothier*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Benjamin*

Address *2 Cathedral St*

Remarks

RECORDS OF THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39706

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



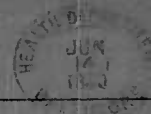
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 9th 1880
4. Place of Birth, (Street and Number) 105 North 20th St
5. Full Name of Mother Caroline Moore
6. Mother's Maiden Name Appalachian
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Moore
9. Father's Occupation Business Western & Maryland
10. Father's Birthplace Samuel Moore
- Name of Medical Attendant, or other Person who makes this Return. J E G. Gay Jr. Baltimore
- Address J E G. Gay Jr. Baltimore
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39707

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 9th

4. Place of Birth, (Street and Number) No. 22 Fountain St

5. Full Name of Mother Mrs Annis Harman

6. Mother's Maiden Name Gesler

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward Harman

9. Father's Occupation Coppersmith

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Gotzke

Address No 514 Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39708

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 <sup>d</sup> child
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st June 1880
4. Place of Birth (Street and Number)	No. 82 B'ly Ave.
5. Full Name of Mother	Lizzie Shikner
6. Mother's Maiden Name	Lizzie Volk
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Shikner
9. Father's Occupation	Iron Smith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sabrina Quisshel
Address	No. 128 West St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39709

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First,*  
 1. Sex (state whether Male or Female) \_\_\_\_\_  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *9th June, 1880.*  
 4. Place of Birth (Street and Number) *227 Townsend Street, Baltimore.*  
 5. Full Name of Mother *Ariana Micks,*  
 6. Mother's Maiden Name *Ariana Remsey,*  
 7. Mother's Birthplace *Lancaster, New York,*  
 8. Full Name of Father *Henry G. Micks,*  
 9. Father's Occupation *Merchant,*  
 10. Father's Birthplace *Clinton North Carolina.*  
 Name of Medical Attendant, or other Person who makes this Return. *Harvey L. Boyd, M.D.,*  
 Address *147 E. Lombard Street, Baltimore.*  
 Remarks *Natural labor, Virgiparus, healthy,*  
*Mother & child progressing well.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39710

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 9th 1885  
 4. Place of Birth (Street and Number) 10 N. Caroline St  
 5. Full Name of Mother Annie Loretta Hamill  
 6. Mother's Maiden Name Bable  
 7. Mother's Birthplace Baltimore City  
 8. Full Name of Father William Hamill  
 9. Father's Occupation Potter  
 10. Father's Birthplace Balt. City  
 Name of Medical Attendant, or other Person who makes this Return. Leahitta Rogers  
 Address 105 N. Eden St  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39711

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

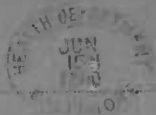
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *Aug 9th 1887*  
 4. Place of Birth (Street and Number) *36. S. S. S. St. City*  
 5. Full Name of Mother *Caroline Moore*  
 6. Mother's Maiden Name *Johnson*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Matthew Moore*  
 9. Father's Occupation *Ship Builder*  
 10. Father's Birthplace *Balt. City*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Sloan*  
 Address *156. North Eden St. City*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39712

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



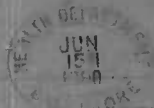
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st June 1880*
4. Place of Birth, (Street and Number) *78 Washington*
5. Full Name of Mother, *Bell Ely*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *W. Garrison*
8. Full Name of Father, *Pilot*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Mrs Wiley*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Patterson*
- Address, *No 12 Patterson Park Dr*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39713

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 6*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *9th June 1880*  
 4. Place of Birth (Street and Number) *Biddle St 143*  
 5. Full Name of Mother *Laura Virginia Hoffacker.*  
 6. Mother's Maiden Name *Laura V. Furbangh*  
 7. Mother's Birthplace *Harford Baltimore Co. Md.*  
 8. Full Name of Father *Martin Luther Hoffacker.*  
 9. Father's Occupation *Brick Layer*  
 10. Father's Birthplace *Carroll Co. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Louisa A. C. Overton*  
 Address *~~10 St. Wolfe St.~~ 10 St. Wolfe St.*  
 Remarks *Live Born.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39714

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 9<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *454 E. Lombard Street*

5. Full Name of Mother *Sarah Meagher*

6. Mother's Maiden Name *" Potter*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Phillip J. Meagher*

9. Father's Occupation *Butcher*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*James J. McShane, M.D.*  
*608 Broadway*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39715

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First  
Male  
White  
June 9th 1880  
No 99 E Fayette St  
Agnes Marshall  
Dokan  
Washington  
John W Marshall  
Clerk  
Baltimore  
Elias C. Price M.D.  
262 Madison Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39716

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 9th 1880.*  
4. Place of Birth (Street and Number) *Maternity, 161 W. Lombard St.*  
5. Full Name of Mother *Barbara Wilson.*  
6. Mother's Maiden Name *" "*  
7. Mother's Birthplace *Baltimore, Md.*  
8. Full Name of Father *Unknown.*  
9. Father's Occupation *" "*  
10. Father's Birthplace *" "*  
Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Price, M.D.*  
Address *Maternity Hospital, 161 W. Lombard St.*  
Remarks *Balt. Md.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39717

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Smith

1. Sex, (state whether male or female)

Boy  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9th 1880  
111 E. 1st St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Annie H. McElroe

6. Mother's Maiden Name,

Annie Hoff

7. Mother's Birthplace,

Balto

8. Full Name of Father,

G. F. Hoff McElroe

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this return.

Mrs Mary E. Sumner

Address,

171 S. Washington St.

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39718

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth Born June 9<sup>th</sup>
4. Place of Birth, (Street and Number) Baltimore No 290 Block A
5. Full Name of Mother Virginia Polston
6. Mother's Maiden Name "
7. Mother's Birthplace Alabama
8. Full Name of Father Alfred Wiley
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson
- Address 919 St. Lawrence St
- Remarks \_\_\_\_\_

See record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *9th June*
4. Place of Birth (Street and Number) *106 Argyle Av.*
5. Full Name of Mother *A. Bird*
6. Mother's Maiden Name *A. Schuster*
7. Mother's Birthplace
8. Full Name of Father *Horace Bird*
9. Father's Occupation *Clk.*
10. Father's Birthplace *Ames, Annapolis Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr R Quinlan*
- Address *680 W. Fay.*
- Remarks

# RETURN OF A BIRTH.

39720

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

4.

State whether Male or Female)

male

or Color (if not of the white race)

white

of Birth

June 9. 1880.

of Birth (Street and Number)

133 W. Lombard St.

Name of Mother

Maria Winkler

er's Maiden Name

M. Gabetz

er's Birthplace

Baltimore

Name of Father

Nicolaus Winkler

er's Occupation

Shoe-maker

er's Birthplace

Germany

of Medical Attendant, or other Person who makes this Return.

Dr. John I. Litzner  
100 Saratoga St.

ress

orks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 29,721

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 10<sup>th</sup> 1896

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 9<sup>th</sup> 1896

4. Place of Birth, (Street and Number) 296 Talbot St.

5. Full Name of Mother Ernestine Kump.

6. Mother's Maiden Name Ernestine Hoffman.

7. Mother's Birthplace Germany

8. Full Name of Father Albert Kump.

9. Father's Occupation Laborer.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. M. W. M. Arnold.

Address No. 132 Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of the said City, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39722

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

June 9 1880

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female  
color

2. Race or Color (if not of the white race)

3. Date of Birth:

June 9 1880

4. Place of Birth (Street and Number)

No 13 Plack

5. Full Name of Mother

Lucan Macdonald Blair

6. Mother's Maiden Name

Guerrin Martin

7. Mother's Birthplace

Winchester Geo

8. Full Name of Father

Salzman Blair

9. Father's Occupation

Brick yard hand

10. Father's Birthplace

Norfolk Va

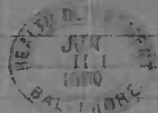
Name of Medical Attendant, or other Person who made this Return.

mid wife Mary G Dennis

Address

No 21 Plack

Remarks



See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

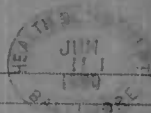
# RETURN OF A BIRTH.

29723

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth June 9<sup>th</sup> 1880
4. Place of Birth (Street and Number) No. 541 Hanover Street
5. Full Name of Mother Susan Lishure
6. Mother's Maiden Name Susan Spurrier
7. Mother's Birthplace Frederic Co. Md
8. Full Name of Father Wm Lishure
9. Father's Occupation Engine man on B. & O. R.R.
10. Father's Birthplace Frederic Co Md
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Tinton
- Address.
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

397211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) Colored

3. Date of Birth 9 of June 1880

4. Place of Birth (Street and Number) 10 Pine St

5. Full Name of Mother Cordine Franklin

6. Mother's Maiden Name Mack

7. Mother's Birthplace Calvert County

8. Full Name of Father Wm. Mack

9. Father's Occupation that kind of work with

10. Father's Birthplace Calvert county

Name of Medical Attendant, or other Person who makes this Return. Cordine Jones

Address 236 Pine St

Remarks Live born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39725

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



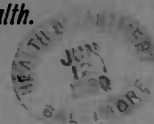
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 9<sup>th</sup>*
4. Place of Birth (Street and Number) *No 6 New Church St.*
5. Full Name of Mother *Sarah Dubose*
6. Mother's Maiden Name *Sarah Dubose*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Brissac*
9. Father's Occupation *Personnel agent*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Starn MD*
- Address *No 16 St. Louis St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Wednesday June 9th. 1880*

4. Place of Birth (Street and Number) *94 McKim St*

5. Full Name of Mother *Mary M. Stauffer*

6. Mother's Maiden Name *Mary M. Fleisher*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *John Stauffer*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return *Wilmer Synter M.D.*

Address *25 1/2 Greenmount Ave*

Remarks *Primer Presentation*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39727



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) white

3. Date of Birth June 9th 1880

4. Place of Birth (Street and Number) Blys Bly No 21

5. Full Name of Mother Anna Harrison

6. Mother's Maiden Name Anna Stair

7. Mother's Birthplace Baltimore

8. Full Name of Father Champion Harrison

9. Father's Occupation painter

10. Father's Birthplace Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mary E. Anderson

Address

No 10 Blys St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within 25 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39728

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) Colored  
3. Date of Birth 9<sup>th</sup> June 1880  
4. Place of Birth, (Street and Number) 134 N. Caroline St.  
5. Full Name of Mother L. Henson  
6. Mother's Maiden Name L. Cooper  
7. Mother's Birthplace Baltimore  
8. Full Name of Father James Henson  
9. Father's Occupation Laborer  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mary Wagon  
Address 125 Wagon  
Remarks Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth June 9<sup>th</sup> 1880  
 4. Place of Birth, (Street and Number) 130 Bayside  
 5. Full Name of Mother Mary Lecher  
 6. Mother's Maiden Name Ballo  
 7. Mother's Birthplace Henry Lecher  
 8. Full Name of Father Cabinet maker  
 9. Father's Occupation Ballo  
 10. Father's Birthplace Mrs. Mary A. Dickman  
 Name of Medical Attendant, or other Person who makes this Return. 185 B. B. St.  
 Address Full name of child - George Mathias Lecher  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) Colored  
3. Date of Birth June 9<sup>th</sup>  
4. Place of Birth (Street and Number) No 28 St Marys St  
5. Full Name of Mother Sally Dyer  
6. Mother's Maiden Name Middletown  
7. Mother's Birthplace Friedrich Co Ind  
8. Full Name of Father James Dyer  
9. Father's Occupation Laborer  
10. Father's Birthplace Carroll Co Ind  
Name of Medical Attendant, or other Person who makes this Return. Louisa Middletown  
Address 145 Pierce St.  
Remarks (Midwife)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th. Child*
1. Sex (state whether Male or Female) *female white race*
2. Race or Color (if not of the white race)
3. Date of Birth *born 10 of June*
4. Place of Birth (Street and Number) *427 Biddle St. Baltimore City*
5. Full Name of Mother *Martha Dietz*
6. Mother's Maiden Name *Martha Miller*
7. Mother's Birthplace *Gays St Baltimore City*
8. Full Name of Father *Charles Dietz*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Dallas St Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Dory Parr*
- Address *W. Barns*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 12<sup>th</sup> 1880.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 10<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) 260 Pratt St.

5. Full Name of Mother D. Grummond.

6. Mother's Maiden Name J. Malsted.

7. Mother's Birthplace Ireland.

8. Full Name of Father W. Grummond.

9. Father's Occupation Laborer.

10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ann L.

Address No. 137 Wolfe St.

Remarks #2

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 37733

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 10<sup>th</sup>
4. Place of Birth, (Street and Number) 1222 East Avenue Baltimore
5. Full Name of Mother Augusta Ellen Allen
6. Mother's Maiden Name Augusta Allen
7. Mother's Birthplace Maryland
8. Full Name of Father Joseph Allen
9. Father's Occupation Laborer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Abner J. Sparrall M.D.
- Address 17 Barrington St Baltimore
- Remarks Abner delivered well child and lived one day



That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 6 children  
1. Sex (state whether male or female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth 10 of June 1880  
4. Place of Birth (Street and Number) No. 276 Johnson St  
5. Full Name of Mother Annie East  
6. Mother's Maiden Name Annie Gipsen  
7. Mother's Birthplace Baltimore  
8. Full Name of Father R. P. East  
9. Father's Occupation Engineer  
10. Father's Birthplace Maryland  
Name of Medical Attendant, or other Person who makes this Return. Sabina Gresham  
Address No. 128 West St.  
Remarks

39734



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *10<sup>th</sup> June 1880*

4. Place of Birth (Street and Number) *No. 370 Light St.*

5. Full Name of Mother *Mary Meehan*

6. Mother's Maiden Name *Mary Burke*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Meehan*

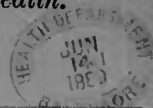
9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Liliana Grisham*

Address *No. 120 West St*

Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39796

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10 June
4. Place of Birth, (Street and Number) 17 Filbert St
5. Full Name of Mother, Lili O'Brien
6. Mother's Maiden Name, Mrs
7. Mother's Birthplace, Md. State
8. Full Name of Father, Will O'Brien
9. Father's Occupation, Workingman
10. Father's Birthplace, Md. St
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sara Casper
- Address, 52 E Lombard
- Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 39737

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 June
4. Place of Birth, (Street and Number) Eden St
5. Full Name of Mother, Marie Mc Ira
6. Mother's Maiden Name, Anna
7. Mother's Birthplace, Ireland
8. Full Name of Father, Henry Mc Ira
9. Father's Occupation, Soap maker
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sarah Casper
- Address, 52 E Lombard
- Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39738

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
June 10<sup>th</sup> 1880  
# 509. W Lombard St.  
Mrs E. K. R. Yates  
Miss E. K. R. Yates  
Warsaw Richmond Co Va  
George A. Yates  
Printer  
Richmond Va  
Edmund M. Wise M.D.  
A. M. Coe Gilman - Lexington Ill. City

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39739



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *Born June 10<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *No 1 Wood St*  
 5. Full Name of Mother *Mrs Luffy Edward*  
 6. Mother's Maiden Name *Miss Luffy Linsmire*  
 7. Mother's Birthplace *Manchester Virginia*  
 8. Full Name of Father *Mr. Elmer Edward*  
 9. Father's Occupation *Hard Laborer*  
 10. Father's Birthplace *Hannacker County*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah Luff*  
 Address *109 Jasper St*  
 Remarks

That any physician, seccouchcur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39740

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d Child*  
1. Sex (state whether male or female) *female*  
2. Race or Color (if not of the white race) *colored*  
3. Date of Birth *June 10th*  
4. Place of Birth (Street and Number) *203 York St*  
5. Full Name of Mother *Sarah Putcins*  
6. Mother's Maiden Name *Sarah Putcins*  
7. Mother's Birthplace *Colbert County*  
8. Full Name of Father *Charles Smith*  
9. Father's Occupation *Barber*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter*  
Address *no 4 Patterson Avenue*  
Remarks *Healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th June 1880 child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 10th*
4. Place of Birth (Street and Number) *27 Canton Ave*
5. Full Name of Mother *Annie Barnes*
6. Mother's Maiden Name *Annie Deal*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Barnes*
9. Father's Occupation *House Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Gray*
- Address *183 Chester St*
- Remarks *Healthy Child*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

39742

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 14 1880

4. Place of Birth, (Street and Number)

Baltimore Md. Looker Str. No 204

5. Full Name of Mother

Louisa J. S. Meister

6. Mother's Maiden Name

Louisa J. S. Hunkelstein

7. Mother's Birthplace

Pillsbury La

8. Full Name of Father

Henry Meister

9. Father's Occupation

Soldier

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Margie Eitel

Address

No 18 E. Maria Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) Colored  
3. Date of Birth June 10<sup>th</sup>  
4. Place of Birth (Street and Number) 246 Burgundy St  
5. Full Name of Mother Emeline Bell  
6. Mother's Maiden Name Emeline White  
7. Mother's Birthplace Virginia  
8. Full Name of Father James Lee  
9. Father's Occupation Driver  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this Return. Mary Ann Dordy  
Address 64 E. W. Ave  
Remarks five dollars

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

3974-4

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Born June 10<sup>th</sup>
4. Place of Birth, (Street and Number) Baltimore No 190 Seaboard
5. Full Name of Mother Mary Jane Collins
6. Mother's Maiden Name " " Johnson
7. Mother's Birthplace Baltimore
8. Full Name of Father Albert Johnson
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson
- Address 719 Chambers St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39745

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White Race

3. Date of Birth:

10 June

4. Place of Birth (Street and Number)

No. 67 Elder alley

5. Full Name of Mother

Mrs. L. Louis Frey

6. Mother's Maiden Name

Maggie Fisher

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis Frey

9. Father's Occupation

Driver

10. Father's Birthplace

Knillingen castle Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Summerfield

Address

338 Franklin St Baltimore Md

Remarks

it is healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39747

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 10th 1880

4. Place of Birth (Street and Number)

126 S. Chester St.

5. Full Name of Mother

Kate Connolly

6. Mother's Maiden Name

McDonough

7. Mother's Birthplace

Ireland

8. Full Name of Father

PATRICK CONNOLLY

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

C. P. BONS M.D.

Address

406 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Fourth*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 10th*  
4. Place of Birth (Street and Number) *Cor of S' Paul & Pleasant*  
5. Full Name of Mother *Agnes J. Miller*  
6. Mother's Maiden Name *Turner*  
7. Mother's Birthplace *Balto*  
8. Full Name of Father *Dr. Capt. Howard Miller*  
9. Father's Occupation *Merchant*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Reggie Buckner*  
Address *135 N Charles St*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39748

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *June 2<sup>nd</sup>, 10, 1880*

4. Place of Birth, (Street and Number) *N. Dallas St. No. 19.*

5. Full Name of Mother, *Sarah Briscoe*

6. Mother's Maiden Name, *Sarah Jones*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *William Briscoe*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *or other Person who*

Address, *N. Dallas St. No. 26* *Harry E. Muller*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39749

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth May 11th 1880  
4. Place of Birth, (Street and Number) 181 N. Carey Street  
5. Full Name of Mother Ann E. Grange  
6. Mother's Maiden Name Warren  
7. Mother's Birthplace Cleveland Ohio  
8. Full Name of Father John C. Grange  
9. Father's Occupation Salesman  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Dr. J. B. McCall  
Address 181 N. Carey Street  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 & 9*

1. Sex (state whether male or female) & *Twins* *one Male and Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 11*

4. Place of Birth (Street and Number) *No 6 Bevan St*

5. Full Name of Mother *Mary Keen*

6. Mother's Maiden Name *Mary Becker*

7. Mother's Birthplace *Balt City*

8. Full Name of Father *Geo J Keen*

9. Father's Occupation *Porter & Grayman*

10. Father's Birthplace *Balt City*

Name of Medical Attendant, or other Person who makes this Return. *Rudolph W. King*

Address *42 Larchmont Blvd*

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within this City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of each child or children.

# RETURN OF A BIRTH,

39752

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

June 11, 1880  
H. Wolfstr No 65  
Mathilde Hermann  
Frank  
Balt  
Johann Hermann  
Builder  
Balt  
My Joh. Hermann  
H. Wolfstr No 14  
midwife

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar <sup>of health</sup> ~~of health~~, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth June 11 1880
4. Place of Birth (Street and Number) 11 W. Lombard
5. Full Name of Mother Ellen Stewart
6. Mother's Maiden Name "
7. Mother's Birthplace Ireland
8. Full Name of Father A. E. Stewart
9. Father's Occupation Merchant
10. Father's Birthplace Scotland
- Name of Medical Attendant, or other Person who makes this Return. Dr. B. Rymer
- Address 413 N. Calvert
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth June 11, 1880
4. Place of Birth: (Street and Number) 223 S. Eutaw St.
5. Full Name of Mother Barni M. Brashers
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father George M. Brashers
9. Father's Occupation Bookkeeper B. C. & L.
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this return. Mrs. Mary A. Lehman
- Address 185 Lee St.
- Remarks \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39756

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *June 11 1880*
4. Place of Birth, (Street and Number) *Balt & Monument St No 35*
5. Full Name of Mother, *Sarah Williams*
6. Mother's Maiden Name, *Spriggs*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Wesley Spriggs*
9. Father's Occupation, *waiter*
10. Father's Birthplace, *md*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E Dorsey*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39757

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *11th June*  
 4. Place of Birth (Street and Number) *253 William St. Baltimore Md*  
 5. Full Name of Mother *Mary Eliza Ann Pancost*  
 6. Mother's Maiden Name *Mary E. Higginth Conway*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *William Pancost*  
 9. Father's Occupation *Machine Work*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Celestine Conway*  
 Address *131 Baltimore Avenue Alto Md*  
 Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39758

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 <sup>st</sup>
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 11 <sup>th</sup> 1880
4. Place of Birth (Street and Number)	Brune St No. 49
5. Full Name of Mother	Alice Fisher
6. Mother's Maiden Name	Alice Turfield
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Charles Fisher
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. S. Spanow M.D.
Address	N. Stricker St No 427
Remarks	Finely developed child



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39759

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth 11 of June 1888  
4. Place of Birth (Street and Number) No 297 Cross St  
5. Full Name of Mother George Krieg  
6. Mother's Maiden Name George Benson  
7. Mother's Birthplace Baltimore  
8. Full Name of Father J. H. Krieg  
9. Father's Occupation Tailor  
10. Father's Birthplace Bismarck  
Name of Medical Attendant, or other Person who makes this Return. Selina Quisenberry  
Address No 123 West St.  
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 39760

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 June
4. Place of Birth, (Street and Number) Monument St
5. Full Name of Mother, Cath. Miller
6. Mother's Maiden Name, Palmerhausen
7. Mother's Birthplace, Germany
8. Full Name of Father, Casper Miller
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sara Casper
- Address, 52 E. Lombard St
- Remarks,

39761.

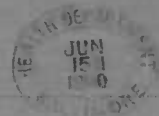
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 14th 1877*  
 4. Place of Birth (Street and Number) *15 N. Eden St.*  
 5. Full Name of Mother *Ida V. Hutchings*  
 6. Mother's Maiden Name *Bosworth*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Edward R. Hutchings*  
 9. Father's Occupation *Book Keeper*  
 10. Father's Birthplace *Raleigh N.C.*  
 Name of Medical Attendant, or other Person who makes this Return. *Leticia Plaine*  
 Address *156 North Eden St.*  
 Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39762

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 11 June

4. Place of Birth, (Street and Number) 2432 Grand Alley

5. Full Name of Mother, Mary Flood

6. Mother's Maiden Name, Mary Hunter

7. Mother's Birthplace, St. Marys Co.

8. Full Name of Father, Christopher Flood

9. Father's Occupation, Labor

10. Father's Birthplace, Franklin Co. Va.

Name of Medical Attendant, Ellen Stubbs

or other person who makes this Return.

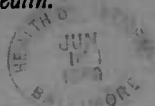
Address, 112 Sharp St. Alley

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
  2. Race or Color (if not of the white race) Brown skin
  3. Date of Birth 11th of June 1880
  4. Place of Birth (Street and Number) Sarkey St No 706
  5. Full Name of Mother Amanda Luce
  6. Mother's Maiden Name Amanda Holburn
  7. Mother's Birthplace Accomac County Va
  8. Full Name of Father George Luce
  9. Father's Occupation Shoe maker
  10. Father's Birthplace Accomac County Va
- Name of Medical Attendant, or other Person who makes this Return Lydia Somerville
- Address Clinton Avenue 13
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

11th June 1880

4. Place of Birth (Street and Number)

No 206 Airquith St

5. Full Name of Mother

Balinda Maxwell

6. Mother's Maiden Name

Balinda Browne

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John T Maxwell

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J Schabot

Address

84 Airquith

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

11th June 1880

4. Place of Birth (Street and Number)

#467 E. Lombard St.

5. Full Name of Mother

Anna Olivia Watts

6. Mother's Maiden Name

" " Kuthall

7. Mother's Birthplace

City

8. Full Name of Father

George Riley Watts

9. Father's Occupation

Mariner

10. Father's Birthplace

Medley

Name of Medical Attendant, or other Person who makes this Return.

E. P. Evans M.D.

Address

#406 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 11<sup>th</sup> 80

4. Place of Birth (Street and Number) 496 N. Gay St.

5. Full Name of Mother Mary S. S. S.

6. Mother's Maiden Name S. S.

7. Mother's Birthplace Baltimore

8. Full Name of Father Adam S. S.

9. Father's Occupation Telegraphist

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. H. H. H.  
245 S. S.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth June 11<sup>th</sup> 1880 ~~15<sup>th</sup> N. Calhoun St~~  
4. Place of Birth (Street and Number) 157 N. Calhoun St  
5. Full Name of Mother Mary Zoellers  
6. Mother's Maiden Name Miller  
7. Mother's Birthplace Prussia  
8. Full Name of Father John. Zoellers  
9. Father's Occupation Carriage Maker  
10. Father's Birthplace Pennsylvania  
Name of Medical Attendant, or other Person who makes this Return. J. Harvey Hill M.D.  
Address 119 Edmonstone Ave  
Remarks

That any physician, government, military, or other person in charge, who shall attend, attend or  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

29768

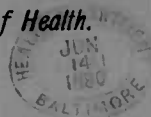
To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17th of June 1886*
4. Place of Birth, (Street and Number) *315 East Lombard Street*
5. Full Name of Mother, *Mary Catherine Bauer*
6. Mother's Maiden Name, *Mary Catherine Lang*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Lang*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
- Address, *71 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 711
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 11 - 1880
4. Place of Birth (Street and Number) 11th East Corner Calverton & Patterson Avenue
5. Full Name of Mother Elizabeth G. Schmitt
6. Mother's Maiden Name Elisabeth Nagel
7. Mother's Birthplace Baltimore
8. Full Name of Father William Schmitt
9. Father's Occupation Marble & Granite Cutter
10. Father's Birthplace Europe
- Name of Medical Attendant, or other Person who makes this Return. Elisabeth Schmitt
- Address N<sup>o</sup> 474 Penna Avenue
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39770

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th 1880
4. Place of Birth (Street and Number) Walker St. No. 11
5. Full Name of Mother Elizabeth Horn
6. Mother's Maiden Name Elizabeth Gudd
7. Mother's Birthplace Balto City
8. Full Name of Father Henry Horn
9. Father's Occupation Tailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Caroline Miller Nos 11
- Address
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39771

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 18 1886*

4. Place of Birth (Street and Number) *No 10 Carroll St*

5. Full Name of Mother *Marianne Bell*

6. Mother's Maiden Name *McGonagane*

7. Mother's Birthplace *Italy*

8. Full Name of Father *Geo. W. Bell*

9. Father's Occupation *Iron Moulder*

10. Father's Birthplace *Italy*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. H. H. H.*

Address *168 E. Pratt St*

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their phy-  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
name of the mother of such child or children.

# RETURN OF A BIRTH, 37772

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14.

1. Sex (state whether male or female) Male.

2. Race or Color, (if not of the white race) white

3. Date of Birth 12. June.

4. Place of Birth, (Street and Number) 8 1/2 E. Lombard St.

5. Full Name of Mother Elizabeth Pruehl.

6. Mother's Maiden Name Gadenman

7. Mother's Birthplace Baltimore. Md.

8. Full Name of Father George Alexander Pruehl

9. Father's Occupation Baker

10. Father's Birthplace Bueden Berg. Kreis Huelstede. Pommern

Name of Medical Attendant, or other Person who makes this Return. Wicks

Address Anne Dunlop & C. Scholte

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 12<sup>th</sup> 1880

4. Place of Birth (Street and Number)

53 N. Kim St

5. Full Name of Mother

Detlorienne Krouse

6. Mother's Maiden Name

Detlorienne Krouse

7. Mother's Birthplace

Germany

8. Full Name of Father

Edward Krouse

9. Father's Occupation

Sailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Silas M. Hunter

Address

36 Greenmount Ave.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 39774

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> child

1. Sex, (state whether male or female)

Female  
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 12/80

4. Place of Birth, (Street and Number)

43 Rue St. L. Point

5. Full Name of Mother,

Ella Conway

6. Mother's Maiden Name,

" Howell

7. Mother's Birthplace,

W. Va.

8. Full Name of Father,

Geo. L. Conway

9. Father's Occupation,

clerk

10. Father's Birthplace,

W. Va.

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. W. Mansfield

Address,

117 S. D. Madway

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 39775

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

11<sup>th</sup>  
Female  
White  
June 12<sup>th</sup> 1880  
13 & 8. Columbia St.  
Sarah A. Green  
" " Baggdon  
Annapundie Co. ma  
John Green  
Teacher  
Annapundie Co. ma  
Dr. George A. Richmond  
185 2<sup>nd</sup> St.  
Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

39776  
JUN 14 1880  
2nd.  
Female  
White.  
June 12<sup>th</sup> 1880.  
231 Maryland Ave.  
Lizzie Hinds.  
" Gortee.  
Baltimore, Md.  
Edwin H. Hinds.  
Clothes.  
Baltimore.  
D. W. Cattee, M.D.  
218 Broadway.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39777

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female).... *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *12 June*
4. Place of Birth, (Street and Number) *106 Duncan Worf*
5. Full Name of Mother, *Kati Schäfer*
6. Mother's Maiden Name, *Striker*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Fred Schäfer*
9. Father's Occupation, *Tavern Keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Gasper*
- Address, *52 E Lombard*
- Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *June 12<sup>th</sup> 1880.*

4. Place of Birth (Street and Number) *357 Lanvale St.*

5. Full Name of Mother *Mary E. Buck.*

6. Mother's Maiden Name *Mary E. Grape.*

7. Mother's Birthplace *Baltimore.*

8. Full Name of Father *Wesley B. Buck.*

9. Father's Occupation *Merchant.*

10. Father's Birthplace *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *John R. Powell, M. D.*

Address *227 Carrollton Ave.*

Remarks *Child Healthy.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist in advising, or otherwise be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 39779

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 12 d. 1880
4. Place of Birth, (Street and Number) 326 N. Broadway
5. Full Name of Mother Lena Schornick
6. Mother's Maiden Name L. Fick
7. Mother's Birthplace Germane
8. Full Name of Father L. Otto Schornick
9. Father's Occupation School teacher
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39780

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *355 Eastern Avenue June 12. 1880*
4. Place of Birth (Street and Number) *355 Eastern Av*
5. Full Name of Mother *Elbith Ensley*
6. Mother's Maiden Name *Howard*
7. Mother's Birthplace *Wicomico County*
8. Full Name of Father *George Ensley*
9. Father's Occupation *Sea Captain*
10. Father's Birthplace *Wicomico County*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah P. Harrington.*
- Address *No. 11. Fountain St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39787

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female,

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 12 1880

4. Place of Birth, (Street and Number)

504 Canton Ave.

5. Full Name of Mother,

Anna Callery,

6. Mother's Maiden Name,

M. C. Connick

7. Mother's Birthplace,

Balt. Co. Md.

8. Full Name of Father,

Thomas Callery,

9. Father's Occupation,

Railroad Mechanic,

10. Father's Birthplace,

Westbury Co. Ireland,

Name of Medical Attendant, or other Person who makes this Return.

W. H. Ruck

Address,

Balt. Wash. Sts.

Remarks,

Natural,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39782

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 12<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *N. 59. Hammond St*
5. Full Name of Mother *Eunice Sultan*
6. Mother's Maiden Name *Eunice Safray*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Henry Sultan*
9. Father's Occupation *Restaurant-keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *A. Henry Palmer*
- Address *165 W. Lombard St*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 12<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 257 S. Ches. St. Annapolis, Md.
5. Full Name of Mother Annie J. Gladding
6. Mother's Maiden Name Trader
7. Mother's Birthplace Va
8. Full Name of Father Michael W. Gladding
9. Father's Occupation Corn Merchant
10. Father's Birthplace Va
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Hanover Barracks
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39784  
HEALTH DEPT  
JUN  
21  
1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 12  
94

4. Place of Birth (Street and Number)

4112  
Lizzie Barton

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Snow Hill  
Wm Barton

8. Full Name of Father

9. Father's Occupation

Labourer  
Dress

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

15 House St  
Bijie Foot

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *June 12th 1880*

4. Place of Birth (Street and Number) *42 Jefferson Street*

5. Full Name of Mother *Amelia F. Watkins*

6. Mother's Maiden Name *Amelia F. Brown*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *George L. Watkins*

9. Father's Occupation *Boysman*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Whitford M.D.*

Address *# 145 Fairmount St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth June 12th 1880

4. Place of Birth, (Street and Number) No 337 E Monument st.

5. Full Name of Mother Annie Hallman

6. Mother's Maiden Name Jessie Gardner

7. Mother's Birthplace I. England

8. Full Name of Father Martin L. Hallman

9. Father's Occupation Coleman

10. Father's Birthplace I. Carolina

Name of Medical Attendant, or other Person who makes this Return. Mary A. Hallman

Address 286 N. Long St

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

June 12<sup>th</sup> 1880

4. Place of Birth (Street and Number)

268 Park Ave

5. Full Name of Mother

Anna Reiley

6. Mother's Maiden Name

Unknown

7. Mother's Birthplace

Ireland

8. Full Name of Father

Mo: Reiley

9. Father's Occupation

Coal Dealer

10. Father's Birthplace

Balt: Md

Name of Medical Attendant, or other Person who makes this Return.

Thos. S. Latimer

Address

187 W. Biddle St

M. A.

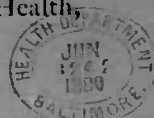
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

29788

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *12 of June*
4. Place of Birth (Street and Number) *1922 A Lee Anna*
5. Full Name of Mother *Anna Subel*
6. Mother's Maiden Name *Anna Higgins*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Subel*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mary L. [unclear]*

Address *54 [unclear]*

Remarks *Living well*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39789

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)...

Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 Sept. et.

4. Place of Birth, (Street and Number)

June 21<sup>st</sup> 1880

5. Full Name of Mother,

Margaret Dunn.

6. Mother's Maiden Name,

Margaret Krager.

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James A. Dunn.

9. Father's Occupation,

Iron Moulder.

10. Father's Birthplace,

Richmond Va.

Name of Medical Attendant, or other Person who makes this Return.

John L. Pennington

Address,

134 Carrollton St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June the 12 1880*
4. Place of Birth (Street and Number) *Prest St. No 805 Baltimore*
5. Full Name of Mother *Kelly J Pitts*
6. Mother's Maiden Name *Kelly Kilpatrick*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Andrew J Pitts*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Stanford Co Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs S Selinger*
- Address *792 West Prest St Baltimore*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Smith*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *Germany 12th 1880*  
 4. Place of Birth (Street and Number) *No 25. S. Caroline St*  
 5. Full Name of Mother *Sophia Emerson*  
 6. Mother's Maiden Name *Sophia Green*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *William Samuel Emerson*  
 9. Father's Occupation *Porter*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Whitfield Winsey M.D.*  
 Address *116 E. Fayette St*  
 Remarks *Born as full term. Seem Natural*

That any physician, secouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY,



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

notice at the birth of any child, within the City of Baltimore, shall report to the regular address, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

148 Bank St

5. Full Name of Mother,

C. W. Hollman

6. Mother's Maiden Name,

C. Meyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Chas. Meyer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary E. James

Address,

171 E. Washington St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39794

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this return.

Address

Remarks

Female  
June 13, 1880  
W. W. Westcott No 2  
Katherine West  
Lambeck  
Balt  
John West  
Bookkeeper  
Balt  
Mary Joh. Berglund  
D. Westcott 11 1/2 W. Bridge

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

29795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

June 14<sup>th</sup> 1880

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 13<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) 47<sup>th</sup> Canton Ave.

5. Full Name of Mother Lizzie Miller

6. Mother's Maiden Name Maggie Porter

7. Mother's Birthplace America

8. Full Name of Father George Miller

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. M. S. Mary Howard

Address No. 137 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39796

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female)

*female*

2. Race or Color (if not of the white race)

*white*

3. Date of Birth

*June 13th*

4. Place of Birth (Street and Number)

*262 N. Broadway*

5. Full Name of Mother

*Kate Elgert*

6. Mother's Maiden Name

*Kate Gluck*

7. Mother's Birthplace

*Balto*

8. Full Name of Father

*John Elgert*

9. Father's Occupation

*Confectioner*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*May E Price*

Address

*200 N. Broadway*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or serve at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39797

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

June 13<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

70 So Woll st

5. Full Name of Mother

Juliana Dittmar

6. Mother's Maiden Name

Welter

7. Mother's Birthplace

Germs.

8. Full Name of Father

Andreas Dittmar

9. Father's Occupation

Brewer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth A. Betz

Address

245 Canton Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *3rd June 80*

3. Date of Birth *June 13, 1880*

4. Place of Birth (Street and Number) *91 Paul St.*

5. Full Name of Mother *Annie List*

6. Mother's Maiden Name *Fannie Mausel*

7. Mother's Birthplace *Ill.*

8. Full Name of Father *John I. List*

9. Father's Occupation *Saloonman*

10. Father's Birthplace *Ill.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Walter M. S.*  
*87 Greene St.*



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1<sup>st</sup>  
Female  
White  
June 13 1880  
108 William St  
Lena Gates  
Lena Cottrell  
Baltimore  
Jho. Gates  
Mechanic  
Va  
H. B. Noble MD

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th child*
1. Sex (state whether male or female) *boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13th June 1880*
4. Place of Birth (Street and Number) *963 West*
5. Full Name of Mother *Lena Penning*
6. Mother's Maiden Name *Lena Liece*
7. Mother's Birthplace *Switzer*
8. Full Name of Father *Carper Penning*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*William M. King*  
*42 Cantonfull St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39801

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 13<sup>th</sup> 1890
4. Place of Birth (Street and Number) 138 Argyre St
5. Full Name of Mother Louise Goodwin
6. Mother's Maiden Name Louise Lawrence
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Goodwin
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. W. Miller
- Address 131 W. Lombard St.
- Remarks Presented at birth 7 mos.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

18 June 1880

4. Place of Birth, (Street and Number)

121 Asquith St

5. Full Name of Mother,

Marie Hoffman

6. Mother's Maiden Name,

Biegedorf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Georg Hoffman

9. Father's Occupation,

Workman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Casper

Address,

52 E. Lombard

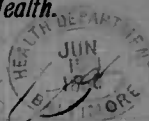
Remarks,

to be filled out by the Registrar, or by any other person, within six days of the birth, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 15th 1880

4. Place of Birth (Street and Number)

25 Centre St

5. Full Name of Mother

Mary E. Bohan

6. Mother's Maiden Name

M. McGuire

7. Mother's Birthplace

Ireland

8. Full Name of Father

John McGuire

9. Father's Occupation

Ship Carpenter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

W. D. R. R. R.

Address

168 Broadway

Remarks

This was a miscarriage of the 9th month.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
1. Sex (state whether Male or Female) male  
2. Race or Color (if not of the white race) ~~White~~ Black  
3. Date of Birth June 13<sup>th</sup> 1880.  
4. Place of Birth (Street and Number) Maternite 161 W. Lombard St.  
5. Full Name of Mother Harriet Parker  
6. Mother's Maiden Name "  
7. Mother's Birthplace Virginia  
8. Full Name of Father unknown.  
9. Father's Occupation "  
10. Father's Birthplace "  
Name of Medical Attendant, or other Person who makes this Return. Spencer W. Free, M.D.  
Address Maternite Hospital, 161 W. Lombard St.  
Remarks Balto., Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

37803  
HEALTH  
JUN 11 1880  
BAL MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 13, 1880*  
4. Place of Birth (Street and Number) *118 S. Gilman St*  
5. Full Name of Mother *Ella Smith*  
6. Mother's Maiden Name *Ella Wheeler*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Charles J. Smith*  
9. Father's Occupation *Rail Road Employee*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *James Rosby*  
Address *319 Hollins St*  
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar afore-  
said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 13th 1880*
4. Place of Birth, (Street and Number) *#1 Belair Road*
5. Full Name of Mother, *C. L. Miller*
6. Mother's Maiden Name, *C. Pichner*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Wm Miller*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *German*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary E. Spence*
- Address, *#171 P. Washington St.*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male health

2. Race or Color, (if not of the white race)

white

3. Date of Birth

born on the 13<sup>th</sup> of June 1880

4. Place of Birth, (Street and Number)

No. 12 Gilmore St.

5. Full Name of Mother

Miss

Narph

6. Mother's Maiden Name

Miss

Diederich

7. Mother's Birthplace

Germany

8. Full Name of Father

Lapores

Henry Narph

9. Father's Occupation

Lapores

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Miss

Hiller

Address

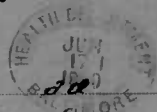
1017 Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

12<sup>th</sup> of June 1888

4. Place of Birth (Street and Number)

Henrietta St Baltimore

5. Full Name of Mother

Margaret Ellen Balce

6. Mother's Maiden Name

Hally

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Felix Balce

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan M. Cready

Address

238 Penn. Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Dr. A. H. SAKTON,  
No. 543 W. Lexington Street  
BALTIMORE.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

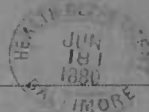
39809  
Primipara  
Female.  
Caucasian  
June 13<sup>th</sup> 1880.  
Edmondson Av. Extended.  
Agnes Wheeler  
Agnes Clarke  
Baltimore  
Frank S. Wheeler  
Traveling Salesman.  
Brooklyn, N. York  
A. H. Sakton M.D.  
543 Lexington St.  
C

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *to etc*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 13th 1880*
4. Place of Birth (Street and Number) *696 Hanover St*
5. Full Name of Mother *Hannah Parson*
6. Mother's Maiden Name *Hannah Lesh*
7. Mother's Birthplace *Fredrick City*
8. Full Name of Father *Albert Parson*
9. Father's Occupation *Railroader*
10. Father's Birthplace *Danville Va*
- Name of Medical Attendant, or other Person who makes this Return. *Thos. Elmitte M*
- Address
- Remarks



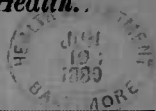
The physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 13, 1880

4. Place of Birth (Street and Number)

45 Gutter St Baltimore

5. Full Name of Mother

Annie Parks

6. Mother's Maiden Name

McKew

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Parks

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Nash

Address

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39512

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) Colored  
 3. Date of Birth June 13<sup>th</sup> 1880  
 4. Place of Birth, (Street and Number) Baltimore No 240 Hamburg St  
 5. Full Name of Mother Johnnie Jellie Williams  
 6. Mother's Maiden Name June  
 7. Mother's Birthplace Accomac by Va  
 8. Full Name of Father James Bennett  
 9. Father's Occupation Sailor  
 10. Father's Birthplace Accomac by Va  
 Name of Medical Attendant, or other Person who makes this Return. Anneline Wilson  
 Address 3, 9 Hamburg St  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

29513

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th born
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth June 13 1880
4. Place of Birth (Street and Number) 296 Reeling St.
5. Full Name of Mother Belle Borne
6. Mother's Maiden Name Belle Borne
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Samuel Green
9. Father's Occupation Bank Officer
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Elija Gaimick
- Address 317 Reeling Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *S. E. Cor. Chase + Central Ave.*

4. Place of Birth (Street and Number) *June 13<sup>th</sup> 1880*

5. Full Name of Mother *Mary R. Hall*

6. Mother's Maiden Name *Goodwin*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Samuel D. Hall*

9. Father's Occupation *Gardener*

10. Father's Birthplace *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return. *E. B. Tenby*

Address *319 N. Central Ave.*

Remarks



at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth June 13<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 197 Scott St
5. Full Name of Mother Emma E. Chalmers
6. Mother's Maiden Name Levins
7. Mother's Birthplace Balto
8. Full Name of Father Balto city
9. Father's Occupation Wholesale
10. Father's Birthplace Balto city
- Name of Medical Attendant, or other Person who makes this Return. J. H. [unclear]
- Address 76 [unclear] St
- Remarks \_\_\_\_\_

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

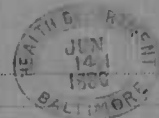
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2d)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 13<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *No 319 E. Lombard Street*
5. Full Name of Mother *Mrs. Sarah F. McDonald*
6. Mother's Maiden Name *Miss Sarah D. Boomer*
7. Mother's Birthplace *Island Jersey - England*
8. Full Name of Father *Mr. Alexander J. McDonald*
9. Father's Occupation *Clerk U.S. Court Point Elevation,*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Wm H. Claudine M.D.*
- Address *No. 102 N. Broadway*
- Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 39817

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

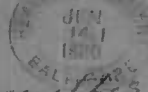


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13th June 1888*
4. Place of Birth, (Street and Number) *Ch. St. Waltherspark Avenue*
5. Full Name of Mother, *Barbara Clinkhafer*
6. Mother's Maiden Name, *Barbara Clinkhafer*
7. Mother's Birthplace, *Prussian*
8. Full Name of Father, *Jacob Clinkhafer*
9. Father's Occupation, *Schneidmaler*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Lunkel*
- Address, *71 North Chapel Street per Justina Lunkel*
- Remarks, *Healthy.*

# RETURN OF A BIRTH

39818

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *June 13. 1880*
4. Place of Birth, (Street and Number) *1212 Wolf St Baltimore Md*
5. Full Name of Mother, *Anna Murray*
6. Mother's Maiden Name, *Anna Ford*
7. Mother's Birthplace, *Summerset County Md*
8. Full Name of Father, *Levin Murray*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Dorchester County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Walford*
- Address, *1300 Regester St Baltimore Md*
- Remarks,

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 14th 1880

4. Place of Birth, (Street and Number) No. 10 - Pinkney Lane

5. Full Name of Mother Margaret Snake

6. Mother's Maiden Name Behrmann

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Snake

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant Dr. M. A. Butt or other Person who makes this Return.

Address No. 185 S.E. cor. Central av. Monument St.

Remarks All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st. Children*

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth *June 14<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *North Carey St 152.*

5. Full Name of Mother *Mary Elizabeth Sinclair*

6. Mother's Maiden Name *" " Smith*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *William Fletcher Sinclair*

9. Father's Occupation *Book Binder*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

*18 Augusta St.*

*Scott Haysen 40*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 12

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 14 1880

4. Place of Birth (Street and Number)

173 N. Calvert st

5. Full Name of Mother

Agatha Seizer

6. Mother's Maiden Name

Agatha Jackson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

High Seizer

9. Father's Occupation

Manufacturer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. H. H.

Address

141 W. Calvert St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

39822

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

106

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 14. 1880

4. Place of Birth, (Street and Number)

24 Wabash St N 81

5. Full Name of Mother

Christina Scheller

6. Mother's Maiden Name

Werner

7. Mother's Birthplace

Berlin

8. Full Name of Father

Adam Scheller

9. Father's Occupation

Wagon maker

10. Father's Birthplace

Berlin

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Brown

Address

24 Wabash St N 81

Remarks

Wm. J. Brown



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39323

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Long 14 1880  
S. Wolfstetter 63  
Anna Hermann  
Tenn  
Prussia  
Fritz Hermann  
Schneidmayer  
Westphalen  
Wm. L. Hancock  
South Wolfstetter 14  
Wm. Hancock

37824

HEALTH DEPARTMENT  
JUL 6 1880  
BALTIMORE.

Remarks

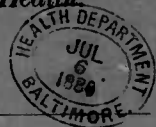
that any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

89825

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 74
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Jan 14 1880
4. Place of Birth, (Street and Number) 412 Durham St. N. 22
5. Full Name of Mother Mary Baumer
6. Mother's Maiden Name Gruiser
7. Mother's Birthplace Prussia
8. Full Name of Father Bernhard Baumer
9. Father's Occupation Lehrer
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Joh. P. Quisenberry
- Address S. Wolfe St. 11 14 1122 W. 1st St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the resident name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 2

1. Sex (state whether male or female)

Male.

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 14, 1880

4. Place of Birth (Street and Number)

107 Jackson St

5. Full Name of Mother

Mar. Cecelia Shaab.

6. Mother's Maiden Name

Mar. Cecelia Cooper

7. Mother's Birthplace

Maryland

8. Full Name of Father

John Henry Shaab

9. Father's Occupation

Provision Dealer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. W. Herckman

Address

75 E. Baltimore St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 29827

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 14, 1880
4. Place of Birth, (Street and Number) 497 Hoffman St.
5. Full Name of Mother Elizabeth Green
6. Mother's Maiden Name " " Neathers
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Green
9. Father's Occupation Conductor B & O
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. George A. Richardson
- Address 184 L. St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 14<sup>th</sup> / 1880

4. Place of Birth, (Street and Number)

190 Columbia Ave

5. Full Name of Mother

Louisa Magness

6. Mother's Maiden Name

" Baker

7. Mother's Birthplace

Balto

8. Full Name of Father

Wesley Magness

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr. George A. Pyburne

Address

185 S. E. St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *five*
1. Sex (state whether Male or Female) *girl*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *june the 14th 1880*
4. Place of Birth (Street and Number) *george st 150*
5. Full Name of Mother *Barbara popul*
6. Mother's Maiden Name *Barbary yell*
7. Mother's Birthplace *baltimore*
8. Full Name of Father *George Popul*
9. Father's Occupation *huckster*
10. Father's Birthplace *baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lydia Somerville*
- Address *13 1/2 Clinton ave*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39530

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) Colored  
3. Date of Birth June 14<sup>th</sup> 1880  
4. Place of Birth (Street and Number) Parish St No. 8  
5. Full Name of Mother Mary Mason  
6. Mother's Maiden Name Mary Downs  
7. Mother's Birthplace Baltimore City  
8. Full Name of Father Emanuel Mason  
9. Father's Occupation Laborer  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this Return. L. G. Spanow M.D.  
Address N. Stricker St No 427  
Remarks Child Healthy



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- 99831
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *1880 June 14th*
4. Place of Birth (Street and Number) *no 1 Maryland*
5. Full Name of Mother *Mary Caroline Miles*
6. Mother's Maiden Name *Mary Caroline Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Nelson Miles*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Sumner county*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Doster*
- Address *no 4 pattee ave near*
- Remarks *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39832

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 14<sup>th</sup> 1880
4. Place of Birth, (Street and Number), Dattin St. No 274
5. Full Name of Mother Laura Henry
6. Mother's Maiden Name Ellen Albert
7. Mother's Birthplace Ches. Co. Md.
8. Full Name of Father Ward Henry
9. Father's Occupation Salad
10. Father's Birthplace Dorchester Co.
- Name of Medical Attendant, or other Person who makes this Return. August Wilson
- Address 274 Lombard St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Dr. A. H. SEXTON,  
No. 543 W. Lexington Street  
BALTIMORE.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes the Return.

Address

Remarks

39533  
JUN 1 1880  
1st  
Male  
White  
June 14 1880  
(Temporary) 11 Wilkens Ar  
Florence Merville  
Florence Boizier  
Montreal Canada  
Eugene Merville  
Match Maker  
Baton Rouge La.  
A. H. Sexton MD  
343 Lexington St

Any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth 14 June 1880
4. Place of Birth, (Street and Number) No 137 Gayton
5. Full Name of Mother Barbara Hartmann
6. Mother's Maiden Name Robert
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Hartmann
9. Father's Occupation None
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Josephine Vinton
- Address 1107 Franklin St
- Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 14<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *N 22. Cheever St*
5. Full Name of Mother *Fannie Cole*
6. Mother's Maiden Name *Fannie Dagg*
7. Mother's Birthplace *Virginia*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Harriet Jackson*
- Address *N 15. Garrett St*
- Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39536

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *June the 14. 1880*
  4. Place of Birth, (Street and Number) *N. Central Av, No 125*
  5. Full Name of Mother, *Anna Discher*
  6. Mother's Maiden Name, *Anna Carson*
  7. Mother's Birthplace, *Oldenburg Gr. Oldenburg. Germany*
  8. Full Name of Father, *Julius Discher*
  9. Father's Occupation, *Cabinet maker*
  10. Father's Birthplace, *Bramburg. Pr. Prussia Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*  
Address, *N. Dallas St. No 26.*

Remarks,

# RETURN OF A BIRTH.

39837

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

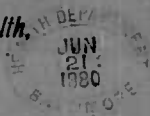


Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 Sex (whether Male or Female) Female  
 Color (if not of the white race) White  
 Date of Birth June 14 1880  
 Place of Birth (Street and Number) Baltimore Co. Dep. Road  
 Name of Mother Mary C. C. C.  
 Mother's Maiden Name Mary C. C. C.  
 Mother's Birthplace Germany  
 Name of Father August C. C. C.  
 Father's Occupation Glass Blower  
 Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this return Dr. H. C. Shaffer  
114 Ridge Street

# RETURN OF A BIRTH.

39835

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Age of Mother (state whether 1st, 2d, 3d, &c.) 14  
Sex Male  
Color (if not of the white race) Colord  
Birth Borne Monday June 14 1880  
Birth (Street and Number) Gilbert-st No  
Name of Mother Sallie Dorsey  
Maiden Name "  
Birthplace Baltimore Md  
Name of Father Robert Dorsey  
Occupation Waiter  
Birthplace Baltimore Md  
Medical Attendant, or other Person who makes this Return. Lucinda Cornish



a person at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39837

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *June 14<sup>th</sup> 1880*  
4. Place of Birth, (Street and Number) *212 S. Charles St.*  
5. Full Name of Mother, *Mary Broening*  
6. Mother's Maiden Name, *" Kyrne*  
7. Mother's Birthplace, *Gallung Co. Ireland*  
8. Full Name of Father, *John Broening*  
9. Father's Occupation, *Blacksmith*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *R. J. N. Tall. M.D.*  
Address, *152 Sharp St.*  
Remarks, *Child living*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 14 1880

4. Place of Birth (Street and Number)

79 Pearl St Baltimore

5. Full Name of Mother

Mary Lavender

6. Mother's Maiden Name

Mary Kiser

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Joseph Lavender

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary Lavender

Address

45 Monroe St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 children

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

14 of June 1880

4. Place of Birth (Street and Number)

No 216 W. Baltimore St

5. Full Name of Mother

Mary Walter

6. Mother's Maiden Name

Mary King

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Walter

9. Father's Occupation

Stonecutter

10. Father's Birthplace

Bojerna

Name of Medical Attendant, or other Person who makes this Return.

Sydney A. S. S. S. S.

Address

No 128 West St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 14th 1880

4. Place of Birth (Street and Number)

26 Stiles St. City

5. Full Name of Mother

Kate Irene Hennaman

6. Mother's Maiden Name

" " Cooper

7. Mother's Birthplace

Ipswich City

8. Full Name of Father

Geo Mitchell Hennaman

9. Father's Occupation

Clerk

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. H. Wall M.D.  
18. So Eutaw St.

Address

Remarks

subscribed at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *14th Day of June 1880*  
4. Place of Birth, (Street and Number) *No. 70. North Street*  
5. Full Name of Mother, *Augusta Rentz*  
6. Mother's Maiden Name, *Augusta Stockle*  
7. Mother's Birthplace, *Wilmington, Delaware*  
8. Full Name of Father, *Adolph Rentz*  
9. Father's Occupation, *Basket Maker*  
10. Father's Birthplace, *Baltimore, City, Md.*  
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Catherine Seabach*  
Address, *439 West Pratt St Baltimore*  
Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

14<sup>th</sup> June 1880 7<sup>45</sup> AM

4. Place of Birth, (Street and Number)

No. 67 Camden St  
Elizabeth S. Einbrod

5. Full Name of Mother,

Elizabeth S. Muller

6. Mother's Maiden Name,

Baltimore Md

7. Mother's Birthplace,

Charles Henry Einbrod

8. Full Name of Father,

Confectioner

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

Mrs Seebach

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

429 West Pratt St Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color, (if not of the white race) \_\_\_\_\_
  3. Date of Birth June 14<sup>th</sup> 1880
  4. Place of Birth, (Street and Number) 174 2<sup>nd</sup> St
  5. Full Name of Mother Mary Catherine Wheeler
  6. Mother's Maiden Name Donovan
  7. Mother's Birthplace Virginia
  8. Full Name of Father Edward A. Wheeler
  9. Father's Occupation R.R. Road Operating
  10. Father's Birthplace Laurel Co Md
- Name of Medical Attendant, or other Person who makes this Return. J. H. Bennett M.D.  
Address 26 S. 2<sup>nd</sup> St  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14 <sup>th</sup> 1880
4. Place of Birth (Street and Number)	442 E Baltimore St
5. Full Name of Mother	Sarah Stewart
6. Mother's Maiden Name	" Kirkland
7. Mother's Birthplace	Ireland
8. Full Name of Father	Robert Stewart
9. Father's Occupation	Superintendent of Distillery
10. Father's Birthplace	Ireland
Name of Medical Attendant, <small>or other Person who makes this Return.</small>	D. W. Catness M.D.
Address	2 N Broadway.
Remarks	



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

14<sup>th</sup> June 1880

4. Place of Birth, (Street and Number)

88<sup>th</sup> W. Spring

5. Full Name of Mother

E. Gaudier

6. Mother's Maiden Name

E. Hansen

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Gaudier

9. Father's Occupation

Millman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary W. W.

Address

123 W. Spring

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 child*  
1. Sex (state whether male or female) *male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *14 June 1880*  
4. Place of Birth (Street and Number) *92 Barclay Street*  
5. Full Name of Mother *Fannie Herbert*  
6. Mother's Maiden Name *Morris*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Charles Herbert*  
9. Father's Occupation *Cas. Father*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Madame Ulling*  
Remarks *48 Holland Street*

*City*

in view of the rights of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *June 14, 1880.*
4. Place of Birth (Street and Number) *No. 5. Bohannon Court.*
5. Full Name of Mother *L. Jane Dickson*
6. Mother's Maiden Name *L. Jane Stewart*
7. Mother's Birthplace *Baltimore Ind.*
8. Full Name of Father *Joseph S. Dickson*
9. Father's Occupation *Cabman.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Susan Morgan*
- Address *No 47 North Parkham.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 15 1880*

4. Place of Birth (Street and Number) *206 Eastern Ave*

5. Full Name of Mother *Gisra & Glasher*

6. Mother's Maiden Name *Gisra & Liscoch*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Samuel Glasher*

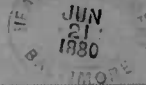
9. Father's Occupation *Blackman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Frank*

Address *193 Chester St*

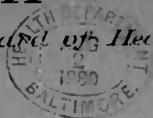
Remarks *Healthy*



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

June 10, 1880

321 N. Broadway

Rubens Hamilton

" Burnett

Da

Malden Hamilton

Clerk Mathby House

Baltimore

W. H. White, M.D.

321 N. Broadway

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth June 15<sup>th</sup> 1880  
4. Place of Birth, (Street and Number) 289 Fourth Eastern St  
5. Full Name of Mother Mary Black  
6. Mother's Maiden Name Lee  
7. Mother's Birthplace Ireland  
8. Full Name of Father Michael Walsh  
9. Father's Occupation Engineer  
10. Father's Birthplace Ireland  
Name of Medical Attendant, or other Person who makes this Return Mary Kirk  
Address 328 South Eastern St  
Remarks Baltimore



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

29855

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 2nd child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June the 15<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *No 213 South Ann Street*
5. Full Name of Mother, *Sarah R Pike*
6. Mother's Maiden Name, *Sarah R German*
7. Mother's Birthplace, *America*
8. Full Name of Father, *James T Pike*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary L. Gimms*
- Address, *131 South Washington Street*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 39856

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) W
3. Date of Birth June 15 1886
4. Place of Birth, (Street and Number) 84 Market
5. Full Name of Mother Ellen Foster
6. Mother's Maiden Name Williams
7. Mother's Birthplace Balt
8. Full Name of Father W. D. Foster
9. Father's Occupation Sea Captain
10. Father's Birthplace Mass.
- Name of Medical Attendant, or other Person who makes this Return. H. H. Helzlsouer M.D.
- Address 57 Barnard
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *W.*
3. Date of Birth *June 15th 1880*
4. Place of Birth (Street and Number) *344. Hanover st.*
5. Full Name of Mother *Dorothea Schul*
6. Mother's Maiden Name *" Klee*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Louis Schul*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *C. L. Badollet both M.D.*
- Address *66. S. Paca st.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as  
at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
name of the mother of such child or children.

# RETURN OF A BIRTH, 39868

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Jan 16<sup>th</sup> 1886

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 5<sup>th</sup>

1. Sex (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Jan 15<sup>th</sup> 1886.

4. Place of Birth, (Street and Number) 423 W. Nicotiana St.

5. Full Name of Mother Christina Hagedorn.

6. Mother's Maiden Name Christina Hubert.

7. Mother's Birthplace Germany.

8. Full Name of Father George Hagedorn.

9. Father's Occupation Laborer.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return. Mrs. Mary Leonard.

Address No 1374 Maple St.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registry Bureau, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

39859

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *female Child*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *June 21st 1880*
4. Place of Birth, (Street and Number) *163 Chapel St Baltimore Md*
5. Full Name of Mother, *Leah Wilson*
6. Mother's Maiden Name, *Leah Small*
7. Mother's Birthplace, *Dorchester County Md*
8. Full Name of Father, *Joseph Wilson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Harford County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lisinda Woodard*
- Address, *130 Regester St Baltimore Md*
- Remarks,

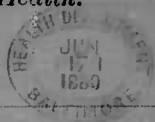
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

39861

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *calard*
3. Date of Birth *June the 10th 1888*
4. Place of Birth (Street and Number) *Baltimore st 258*
5. Full Name of Mother
6. Mother's Maiden Name *hatch young*
7. Mother's Birthplace *calbert county md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *charlotte wern*
- Address
- Remarks *Sick*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39861

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female  
Colored

2. Race or Color (if not of the white race)

3. Date of Birth

June 18/80 No 1 proth st

4. Place of Birth (Street and Number)

5. Full Name of Mother

now

6. Mother's Maiden Name

hannah green  
Baltimore

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Chollet proctor  
60 10 Carlton st

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Third  
Male  
White  
June 15<sup>th</sup> 1880  
No 4 Summers Alley.  
Bridget Lamb.  
Bridget: Manuel  
Ireland  
John Lamb.  
Laborer  
Ireland  
Mrs Celya. Flemming  
No 95 Albemarle St.  
City.



That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

59863  
Fifth Male Harry B Wolf  
White

June 15th 1880

52 Maple St

Mollie Wolf

Mollie Rustenberg

Germany

Jacob Wolf

Merchant

New York

Daniel B. Bowditch

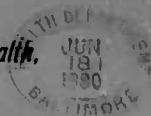
No 29 Asquith St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

39864



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) col
3. Date of Birth June 15<sup>th</sup> 80
4. Place of Birth (Street and Number) 11 Myton St.
5. Full Name of Mother Rebecca Neuman
6. Mother's Maiden Name " Dulick
7. Mother's Birthplace Virginia
8. Full Name of Father Nathan Neuman
9. Father's Occupation Book
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Miss O. H. H. H. H.
- Address 226 Mulberry St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39865

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 of June 1880

4. Place of Birth, (Street and Number)

93 Cambridge st

5. Full Name of Mother,

Annie

6. Mother's Maiden Name,

Annie George

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Paul George

9. Father's Occupation,

Saboteur

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Wiley

Address,

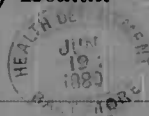
513 Patterson Park Dr

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.
1. Sex (state whether male or female) male.
  2. Race or Color (if not of the white race) white, rect.
  3. Date of Birth 15<sup>th</sup> of June at M. H. v. Glock. 1880
  4. Place of Birth (Street and Number) 131. Dover Street.
  5. Full Name of Mother Sophia Chamberger born Keller.
  6. Mother's Maiden Name Sophia Keller.
  7. Mother's Birthplace Mühlhausen Großherzogthum Baden Germany.
  8. Full Name of Father Pius Chamberger.
  9. Father's Occupation Upholsterer.
  10. Father's Birthplace Mühlhausen Großherzogthum Baden Germany.
- Name of Medical Attendant, or other Person who makes this Return. Ludwig Rapp, M.D.
- Address No 26. St. Louis St. N.Y.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

1880 June 15

4. Place of Birth (Street and Number)

55 S. Castle St.

5. Full Name of Mother

Margaretta Kissel

6. Mother's Maiden Name

Divich

7. Mother's Birthplace

Germany

8. Full Name of Father

Aug. Kissel

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Abner L. Brown

Address

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male ~~or~~ female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June, the 15, 1880.*

4. Place of Birth, (Street and Number) *Hamstead St. No. 58*

5. Full Name of Mother, *Margaretta Vogler*

6. Mother's Maiden Name, *Margaretta Euler*

7. Mother's Birthplace, *Baldt City*

8. Full Name of Father, *John Vogler*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baldt City*

Name of Medical Attendant, or other Person who  
made this Return, *Harry E. Muller*

Address, *W. Dallas St. No. 26.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 15<sup>th</sup> 1880

4. Place of Birth (Street and Number) 157 E. Biddle St.

5. Full Name of Mother Mary J. Senft

6. Mother's Maiden Name Mary J. Swalt

7. Mother's Birthplace Hagerstown

8. Full Name of Father John Senft

9. Father's Occupation Driver

10. Father's Birthplace Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa A. C. Overton

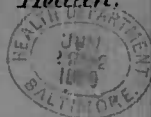
Address No. 10 Wolfe St.

Remarks Live born.

also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th June 1880*

4. Place of Birth, (Street and Number)

*Baltimore 36-6000 Street*

5. Full Name of Mother,

*Sarah Schultz*

6. Mother's Maiden Name,

*Sarah McRae*

7. Mother's Birthplace,

*in Maryland*

8. Full Name of Father,

*James Garhart*

9. Father's Occupation,

*Glass Blower*

10. Father's Birthplace,

*East Germania*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Catherine Seebach*

Address,

*439 West Pratt St Balt*

Remarks,



and also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39871

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

23 Barnett St

5. Full Name of Mother,

Helena Bull

6. Mother's Maiden Name,

Helena Lilly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Samuel Bull

9. Father's Occupation,

Boot Shoe Maker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Catherine Seebach

Remarks,

437 West Pratt St Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 15<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Cor. Raborg & Pearl Sts

5. Full Name of Mother

Florence Feuchner

6. Mother's Maiden Name

Florence Daly

7. Mother's Birthplace

Balt. Ind.

8. Full Name of Father

Martin Feuchner

9. Father's Occupation

Dry goods clerk

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Latimer M.D.

Address

187 W. Bridge

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child
1. Sex (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth geboren am 15<sup>ten</sup> June 1880
4. Place of Birth, (Street and Number) N<sup>o</sup> 72 North Carroll Str
5. Full Name of Mother Helene Bäckhausen
6. Mother's Maiden Name Helene Pögel
7. Mother's Birthplace Deutschland
8. Full Name of Father Louis Bäckhausen
9. Father's Occupation Bäcker
10. Father's Birthplace Deutschland
- Name of Medical Attendant, or other Person who makes this Return. Friederike Raupmann
- Address N<sup>o</sup> 19<sup>th</sup> S. Dallas Str
- Remarks Hanne

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39874

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth

June 15<sup>th</sup> 80

4. Place of Birth (Street and Number)

22 S. Carline

5. Full Name of Mother

Margaret

6. Mother's Maiden Name

Mark

7. Mother's Birthplace

City

8. Full Name of Father

George Grazer

9. Father's Occupation

Barber

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Dr. S. M. Carline

Address

55 S. Lombard St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 39875

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

15<sup>th</sup> of June 1880

4. Place of Birth, (Street and Number)

183. Mulberry

5. Full Name of Mother

M. E. Wallace

6. Mother's Maiden Name

M. E. Harris

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Wallace

9. Father's Occupation

Dyer & Coopers

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. W. W.

Address

125 N. Caroline

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 15, 1880

4. Place of Birth (Street and Number) 429 N. Gay St.

5. Full Name of Mother Christina Cooper Pitt

6. Mother's Maiden Name Murphy

7. Mother's Birthplace Scotland

8. Full Name of Father Frederick Pitt

9. Father's Occupation Gas Fitter & Plumber

10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return.

Mr. H. S. Sanderfer

Address

High St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 15<sup>th</sup> 1888*
4. Place of Birth (Street and Number) *191 Ramon St.*
5. Full Name of Mother *Mary Elathy*
6. Mother's Maiden Name *Lowry*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrik Elathy*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*John Hoff M.D.*  
*507 W. Bayview St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Celtned*
3. Date of Birth *June 15. 1880*
4. Place of Birth (Street and Number) *No. 9 Boheman Court*
5. Full Name of Mother *Anne Gibson*
6. Mother's Maiden Name *Anne Green*
7. Mother's Birthplace *Solih. Co. Ind.*
8. Full Name of Father *Jas. Gibson*
9. Father's Occupation *Labrer*
10. Father's Birthplace *Solih. Co. Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Morgan*
- Address *X 47 W. Duhan St.*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH, 39879

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 16<sup>th</sup> 1896
4. Place of Birth, (Street and Number) 236 Charles St (South)
5. Full Name of Mother Mary Widman
6. Mother's Maiden Name Hare
7. Mother's Birthplace Heer - Heer - Germany
8. Full Name of Father John Widman
9. Father's Occupation Grocer
10. Father's Birthplace Baden - Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 321 South Eutaw St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

29880

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *16<sup>th</sup> June 1880*

4. Place of Birth (Street and Number) *no. 8<sup>th</sup> Gordon St. Canton*

5. Full Name of Mother *Catherine Sallens*

6. Mother's Maiden Name *Catherine Reese*

7. Mother's Birthplace *Carlisle Pa.*

8. Full Name of Father *Edward Sallens*

9. Father's Occupation *Boater*

10. Father's Birthplace *Frederick Bg. Md.*

Name of Medical Attendant, or other Person who makes this return *Mrs Sarah Sallens*

Address *104 Barclay St. Canton*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 16th 1885*
4. Place of Birth (Street and Number) *192 Chesapeake St*
5. Full Name of Mother *Elizabeth Caton*
6. Mother's Maiden Name *Connor*
7. Mother's Birthplace *Balto Ind*
8. Full Name of Father *Michael Caton*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto Ind*
- Name of Medical Attendant, or other Person who makes this Return. *E. J. Williams*
- Address *17 Patuxent St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Female

White

Sunday, June 16<sup>th</sup> 1880

# 636 W. Baltimore St

Maggie Coleman

Maggie Stewart

Marlborough West Virginia

Tyler Coleman

Merchant

Balt. Maryland

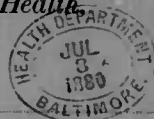
J. Bennett Morris M.D.

No. 352 W. Fayette St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *June 16th 1880*  
4. Place of Birth (Street and Number) *Baltimore City, 50 Leadenhall St.*  
5. Full Name of Mother *Anna Voss*  
6. Mother's Maiden Name *Meinmann*  
7. Mother's Birthplace *Vasdorf, near Lüneburg, Prov. Hannover, Germany*  
8. Full Name of Father *Ernst Christian Voss*  
9. Father's Occupation *Piano-maker*  
10. Father's Birthplace *Woldich, Mecklenburg-Schwerin, Germany*  
Name of Medical Attendant, or other Person who makes this Return. *Th. J. J. J. J. J.*  
Address *42 Gardenfall Road*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth June 16, 1880  
 4. Place of Birth, (Street and Number) 430 Penn. Ave.  
 5. Full Name of Mother Miss M. T. Smith  
 6. Mother's Maiden Name Rayne  
 7. Mother's Birthplace District of Columbia  
 8. Full Name of Father Gen. Frank Smith  
 9. Father's Occupation General  
 10. Father's Birthplace Virginia  
 Name of Medical Attendant, or other Person who makes this Return. Dr. Christian M. D.  
 Address 430 Penn. Ave.  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

No. 7  
Male  
White  
16th of July 1880  
No. 298 Carroll road  
Kate Bennett  
Kate Bennett  
Germany  
Th. Bennett  
Laborer  
Germany  
Name of Medical Attendant, or other Person who makes this Return.  
Sisterina Gauer  
Address  
1117 Harpwood

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*the 3*

1. Sex (state whether male or female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*16 2d of Jan. 1880*

4. Place of Birth (Street and Number)

*No 268 Greenmount Ave*

5. Full Name of Mother

*Juliana Geler*

6. Mother's Maiden Name

*Juliana Gergelen*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*M. Ripe Gergelen*

9. Father's Occupation

*Sales*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Juliana Geler*

Address

*176 Harper St*

Remarks

*1880*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st child*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colo.*

3. Date of Birth *16 of June 1880*

4. Place of Birth (Street and Number) *323 Norwood*

5. Full Name of Mother *Allie Sprige*

6. Mother's Maiden Name *Colvert*

7. Mother's Birthplace *country*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Wiley Cross*

Address *181 York street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39888

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4 child*

1. Sex (state whether Male or Female) *Girl child*

2. Race or Color (if not of the white race) *Colored..*

3. Date of Birth *Bundy morning June 1880*

4. Place of Birth (Street and Number) *Worris St. No 11 Balto-Md*

5. Full Name of Mother *Heachel Miller*

6. Mother's Maiden Name *Heachel Heill*

7. Mother's Birthplace *Richmond, Va*

8. Full Name of Father *James Miller*

9. Father's Occupation *any kind of laboren work*

10. Father's Birthplace *" " " " " " " "*

Name of Medical Attendant, or other Person who makes this Return. *Caroline Jones*

Address *236 Pine St Balto*

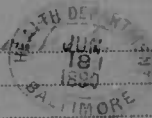
Remarks *Live born*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 39889

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one 8 child one male*
1. Sex, (state whether male or female) *female 8 child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *Aug the 16/1890*
4. Place of Birth, (Street and Number) *141 E Chapple St Baltimore md*
5. Full Name of Mother, *Agnes Corsey*
6. Mother's Maiden Name, *James*
7. Mother's Birthplace, *Sturroundle County, md*
8. Full Name of Father, *William Henry Corsey*
9. Father's Occupation, *sterndore*
10. Father's Birthplace, *Kent County md*
- Name of Medical Attendant, *or other Person who makes this Return. Lucinda Woolford*
- Address, *1301 Regester St Baltimore md*
- Remarks,

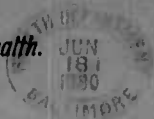


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

39890



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Black

3. Date of Birth

June 16th 1890

4. Place of Birth (Street and Number)

No 10 Helmsor aly

5. Full Name of Mother

Mary Priscilla Young

6. Mother's Maiden Name

Mary P. Doot

7. Mother's Birthplace

West River Kent. Md.

8. Full Name of Father

Am Young

9. Father's Occupation

Crochman

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

A. C. Pole

Address

No 1 N Boundary road

Remarks

Inter-uterine L. O. I.

to be filled out by the Registrar, or other Person in charge, who shall attend, and shall  
advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39891

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth Child

1. Sex, (state whether male or female)

Female Child

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sixteenth of June 1880

4. Place of Birth, (Street and Number)

153 South Chester St

5. Full Name of Mother,

Mary E Tolley

6. Mother's Maiden Name,

Mary E Lambdin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John B Tolley

9. Father's Occupation,

Can maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Willey midwife

Address,

No 12 Patterson Park Av

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH, 39892

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 11



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 16<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 48 Kentish Ave

5. Full Name of Mother Johanna Branden

6. Mother's Maiden Name Johanna Schild

7. Mother's Birthplace America

8. Full Name of Father Edward Branden

9. Father's Occupation Carpenter

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Leonard

Address 7. 131 Hope St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39893

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
1. Sex (state whether ~~male~~ female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 16 1880
4. Place of Birth (Street and Number) 325 Williams St
5. Full Name of Mother Margaretta Parks
6. Mother's Maiden Name Stevenson
7. Mother's Birthplace Baltimore
8. Full Name of Father George W Parks
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mr Conway
- Address 131 Putney Ave
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 18<sup>th</sup> 1880*  
4. Place of Birth (Street and Number) *No 7 Clark St*  
5. Full Name of Mother *Ada Wolf*  
6. Mother's Maiden Name *Ada Morrison*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *E Wolf*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Canoll Co Md*  
Name of Medical Attendant, or other Person who makes this Return. *E Grove Cox M.D.*  
Address *189 W Fayette St*  
Remarks *Delivered with forceps*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

39895

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

June 16th 1880

4. Place of Birth, (Street and Number)

108 280 Charles st.

5. Full Name of Mother

Jessie White

6. Mother's Maiden Name

Dwiggins

7. Mother's Birthplace

America

8. Full Name of Father

John White

9. Father's Occupation

England

10. Father's Birthplace

Sailor

Name of Medical Attendant, or other Person who makes this Return.

J. Lohmeyer midwife

Address

330 Hanover st.

Remarks

39896

of Health

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 16<sup>th</sup> 1880

4. Place of Birth, (Street and Number) apt 339 Light st

5. Full Name of Mother Anna Stenley

6. Mother's Maiden Name Waller

7. Mother's Birthplace America

8. Full Name of Father William Stenley

9. Father's Occupation Cover and Ker

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return. J. Schwaeser

Address 330 Beacon st.

Remarks

See Section of Laws Relating to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Brown skin
3. Date of Birth 16th June
4. Place of Birth (Street and Number) No 3 Bice Street
5. Full Name of Mother Eliza Green
6. Mother's Maiden Name Eliza Monroville
7. Mother's Birthplace Howard County
8. Full Name of Father Mr. Green
9. Father's Occupation Artist
10. Father's Birthplace California
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clark
- Address No 63 Cassin Street
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 & children*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *16 of June*  
4. Place of Birth (Street and Number) *Thompson St. No 526*  
5. Full Name of Mother *Lizzie Hubbard*  
6. Mother's Maiden Name *Lizzie Lewis*  
7. Mother's Birthplace *Dorchester, Co.*  
8. Full Name of Father *Lewis Hubbard*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Dorchester, Co.*  
Name of Medical Attendant, or other Person who makes this Return. *Sabrina Giesche*  
Address *No. 128 West St.*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 39899

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> Kind  
 1. Sex (state whether male or female) Mädchen  
 2. Race or Color, (if not of the white race) Weiss  
 3. Date of Birth gehoren den 16 ten June  
 4. Place of Birth, (Street and Number) N<sup>o</sup> 143. Canton Str  
 5. Full Name of Mother Carlein Alberts  
 6. Mother's Maiden Name Carlein Föcker  
 7. Mother's Birthplace Deutschland  
 8. Full Name of Father Albert Alberts  
 9. Father's Occupation Händler  
 10. Father's Birthplace Deutschland  
 Name of Medical Attendant, or other Person who makes this Return. Friederike Braufmann  
 Address N<sup>o</sup> 197 S. Dallas Str  
 Remarks Heimlich

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

W-

3. Date of Birth

June 16

4. Place of Birth (Street and Number)

646 Hanover St.

5. Full Name of Mother

Julia Runkle

6. Mother's Maiden Name

Shultz

7. Mother's Birthplace

Ind

8. Full Name of Father

James Quetta

9. Father's Occupation

Artisan

10. Father's Birthplace

Ind

Name of Medical Attendant, or other Person who makes this Return.

Dr. E. W. Ellis M.D.  
315 Light St.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*  
1. Sex (state whether male or female) *male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *16 June 1860*  
4. Place of Birth (Street and Number) *114 Low Street*  
5. Full Name of Mother *Mary Madeline*  
6. Mother's Maiden Name *Beggles*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Frank Madeline*  
9. Father's Occupation *Householder*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Madame Ulling 48 Hollander Street*  
Remarks *Baltimore*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *17th of June*

4. Place of Birth (Street and Number) *19 Federal St.*

5. Full Name of Mother *Mrs. Gutterbaugh*

6. Mother's Maiden Name *Simmons*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Gutterbaugh*

9. Father's Occupation *tailor*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Charles Crosby*

Address *69 Federal St.*

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 17 Jan 1880
4. Place of Birth, (Street and Number) No 83 Sterling St.
5. Full Name of Mother Jarah Edley Gross
6. Mother's Maiden Name Jarah Edley Jones
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John W. Jones
9. Father's Occupation Whaler
10. Father's Birthplace Petersburg Va
- Name of Medical Attendant, or other Person who makes this Return. William No 70
- Address William No 70
- Remarks Cherish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39904

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 17 1880

4. Place of Birth (Street and Number)

112 Mosher st.

5. Full Name of Mother

Selma C. Stedman,

6. Mother's Maiden Name

Brook

7. Mother's Birthplace

Bristol, England

8. Full Name of Father

Geo. J. Stedman,

9. Father's Occupation

Manufacturer of Wire Goods

10. Father's Birthplace

Clinton, Eng.

Name of Medical Attendant, or other Person who makes this Return.

J. L. Doyle M.D.

Address

247 Lawrence St.

Remarks

Attest the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

17 June  
Little Second St  
Bendri Conero

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Holland

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ireland  
Thomas Conero

8. Full Name of Father,

9. Father's Occupation,

Workingman  
Ireland

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Casper  
52 E. Lombard

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Thursday June 17th 1880*  
 4. Place of Birth (Street and Number) *44 Greenmount Ave*  
 5. Full Name of Mother *Mary L. Playhark*  
 6. Mother's Maiden Name *Mary L. Lewis*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Chas. M. Playhark*  
 9. Father's Occupation *Printer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return *Wilmer Brinton MD*  
 Address *25 1/2 Greenmount Ave*  
 Remarks *Very Presentation.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

William B. Phillips

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Thursday June 17th 1880

4. Place of Birth (Street and Number)

7th & N. Cor of Hillen + Forest Sts.

5. Full Name of Mother

Laura H. Phillips

6. Mother's Maiden Name

Laura H. Hambley

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Solomon Phillips

9. Father's Occupation

Oyster Dealer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Grinton M.D.

Address

25 1/2 Greenmount Ave

Remarks

"Vertex Presentation"



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39908

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child  
Male.

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 17<sup>th</sup> 1880.

4. Place of Birth, (Street and Number).

15 Randell St.

5. Full Name of Mother,

Emma Bloss.

6. Mother's Maiden Name,

" Hall.

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Geo Bloss.

9. Father's Occupation,

Bricklayer.

10. Father's Birthplace,

Do.

Name of Medical Attendant, or other Person who  
makes this Return.

R. J. H. Tall. M.D.

Address,

152 Sharp St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39909

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

14<sup>th</sup> of June

4. Place of Birth, (Street and Number)

28<sup>th</sup> of Pine St.

5. Full Name of Mother

Sarah Meyer

6. Mother's Maiden Name

Sarah Wolfe

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Alexander C. Meyer

9. Father's Occupation

Butcher

10. Father's Birthplace

Massachusetts

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Zimmerman

Address

60 Throter

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jun 17 1880 Hill Street

4. Place of Birth (Street and Number) 105 Hill Street

5. Full Name of Mother Anna Johnson

6. Mother's Maiden Name Anna Cornish

7. Mother's Birthplace Carlin County

8. Full Name of Father Addison Johnson

9. Father's Occupation Laborer

10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return.

Willy Gross

Address 181 York St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 17<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *441 W. Lombard St*

5. Full Name of Mother *Ella S. Perry*

6. Mother's Maiden Name *" " Loving*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *John Perry Jr*

9. Father's Occupation *clerk*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return. *J. J. Williams M.D.*

Address *47 Edmondson ave*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39912

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 27<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *No 17 Collington Avenue Baltimore*
5. Full Name of Mother, *Eliza Bayler Hoover*
6. Mother's Maiden Name, *Eliza Bayler*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Abraham Hoover*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Philadelphia Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Sissone*
- Address, *171 South Washington Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

June 17<sup>th</sup> 1888

4. Place of Birth (Street and Number)

Baltimore & Sticker St.

5. Full Name of Mother

Mary Lavina Gentzel

6. Mother's Maiden Name

" " Reinhardt.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Louis Gentzel

9. Father's Occupation

Jeweler

10. Father's Birthplace

Washington, D.C.

Name of Medical Attendant, or other Person who makes this Return.

J. A. Kintner M.D.

Address

504 W. Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

39914

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 17th 1882

4. Place of Birth (Street and Number)

245 Light St

5. Full Name of Mother

Sophia Dehn

6. Mother's Maiden Name

Sophia Komer

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Fredrick Dehn

9. Father's Occupation

Coal Oil Dealer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Theodor Cook, M.D.

Address

146 Sanborn St

Remarks

See Record of Vital Statistics in the City of Baltimore.

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> 1<sup>st</sup>
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth July 17, 1879
4. Place of Birth (Street and Number) 357 Light St
5. Full Name of Mother Rebecca Ann Ford
6. Mother's Maiden Name Rebecca Ann Harrison
7. Mother's Birthplace Baltimore
8. Full Name of Father George Ford
9. Father's Occupation Cocklayer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. C. Knowles
- Address 312 Lexington
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 14 1880*  
 4. Place of Birth (Street and Number) *No. 9, Brooke St South*  
 5. Full Name of Mother *Let. Linsley*  
 6. Mother's Maiden Name *S. A. Baker*  
 7. Mother's Birthplace *Baltimore, M.D.*  
 8. Full Name of Father *Wm Linsley*  
 9. Father's Occupation *Car Truck Driver*  
 10. Father's Birthplace *Baltimore M.D.*  
 Name of Medical Attendant, or other Person who makes this return *Thos. W. Glasscock*  
 Address  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth June 17, 1880
4. Place of Birth, (Street and Number) No 121, Capital Avenue
5. Full Name of Mother Sarah J. Clark
6. Mother's Maiden Name Sarah J. Kingrose
7. Mother's Birthplace Baltimore
8. Full Name of Father James T. Clark
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary A. McNeill
- Address 286 N. Lenoxy St
- Remarks \_\_\_\_\_

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39913

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17. 1880

4. Place of Birth, (Street and Number)

61 Dover St Baltimore

5. Full Name of Mother,

Elizabeth Zimmerman

6. Mother's Maiden Name,

Schaefer

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Thomas Zimmerman

9. Father's Occupation,

Can Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs Catherine Seebach

Remarks,

439 West Pratt St Balt



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39919

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup> Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth June 17<sup>th</sup>, 1888
4. Place of Birth, (Street and Number) No 25 Howard st
5. Full Name of Mother Mathern Page
6. Mother's Maiden Name Paecher
7. Mother's Birthplace Germany
8. Full Name of Father Henry Paecher
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. To megassard M.D.
- Address 330 Howard st.
- Remarks \_\_\_\_\_

That any physician, surgeon, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

39920



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
1. Sex (state whether Male or Female) male  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth 17 June 1880  
4. Place of Birth (Street and Number) Baltimore St Radcliff 124  
5. Full Name of Mother Margaret Fong  
6. Mother's Maiden Name Margaret Watts  
7. Mother's Birthplace Baltimore  
8. Full Name of Father George W. Fong  
9. Father's Occupation Bricklayer  
10. Father's Birthplace Washington  
Name of Medical Attendant, or other Person who makes this return W. M. Shipper  
Address 114 Radcliff St  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5 children*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *17 of June 18 90*
4. Place of Birth (Street and Number) *Union st No 66*
5. Full Name of Mother *Katey Smith*
6. Mother's Maiden Name *not married*
7. Mother's Birthplace *Colbert county Maryland*
8. Full Name of Father *Charles Jeffers*
9. Father's Occupation *Welder*
10. Father's Birthplace *Morgan county Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. Helton Union No 24*
- Address *in good health*
- Remarks *in good health*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39922

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 13<sup>th</sup> 1880.  
 4. Place of Birth (Street and Number) Maternity, 161 St. Lombard St.  
 5. Full Name of Mother Mary Watson.  
 6. Mother's Maiden Name "  
 7. Mother's Birthplace Baltimore, Md.  
 8. Full Name of Father Unknown.  
 9. Father's Occupation "  
 10. Father's Birthplace "  
 Name of Medical Attendant, or other Person who makes this Return. Spencer M. Free M.D.  
 Address Maternity Hospital, 161 St. Lombard St.  
 Remarks City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 17<sup>th</sup> 1880
4. Place of Birth (Street and Number) 55 N. Bond St
5. Full Name of Mother Elizabeth Dautrich
6. Mother's Maiden Name Elizabeth Loeberhardt
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry Dautrich
9. Father's Occupation Stone Merchant
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Dr. D. L. M. D.
- Address 86 E. Fayette St
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH, 399211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

sex (state whether male or female)

Age or Color, (if not of the white race)

Date of Birth

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Boy  
White  
June 17th 1882  
247 Sharp St  
Ann-da Stinchcomb  
Simmons  
Maryland  
Arthur Stinchcomb  
Merchant  
Maryland  
Dr. McEwen  
182 N. Fayette St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39925

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 17<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 15 S. Leandolton Ave

5. Full Name of Mother Annie Richmond

6. Mother's Maiden Name

7. Mother's Birthplace Maryland

8. Full Name of Father James H. Richmond

9. Father's Occupation Printer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this return.

John P. P. M.D.  
55 W. Gay St.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**



NAME *Elise Levee*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth*

1. Sex (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

3. Date of Birth

*June 15. 1880-*

4. Place of Birth, (Street and Number)

*70 Crose St.*

5. Full Name of Mother

*Elizabeth Cole*

*COLE*

6. Mother's Maiden Name

*" Young*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Eduw Cole*

9. Father's Occupation

*Watchman*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Mary Webb*

Address

*328 Fourth Eastern St.*

Remarks



For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39927

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 18<sup>th</sup>, 1880.

4. Place of Birth (Street and Number)

248 Calvert St. Baltimore.

5. Full Name of Mother

Rosalie Vivien Leffewich

6. Mother's Maiden Name

" " Lightfoot

7. Mother's Birthplace

Columbus Miss.

8. Full Name of Father

Alexander T. Leffewich

9. Father's Occupation

Merchant

10. Father's Birthplace

Lynchburg, Va.

Name of Medical Attendant, or other Person who makes this Return.

Franklin and

Address

45 Franklin St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

27728

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth June the 18 1880
4. Place of Birth, (Street and Number) No 4 Colham St
5. Full Name of Mother Lizzie Henning
6. Mother's Maiden Name Lizzie Henning
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Joseph Henning
9. Father's Occupation Iron molder
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Meserzehl
- Address 345 Penna an
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39929

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 18<sup>th</sup> 1880 12<sup>th</sup> AM
4. Place of Birth (Street and Number) 75 Lancaster
5. Full Name of Mother Mary Ann Jones
6. Mother's Maiden Name Mary Ann Mackay
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert H. Jones
9. Father's Occupation Chemist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. James C. Donnell M.D.
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 39430

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *June 18<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *73 Hamburg St.*
5. Full Name of Mother, *Mary F. Morrell*
6. Mother's Maiden Name, *" Meyers*
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *Wm H. Morrell*
9. Father's Occupation, *Watchman*
10. Father's Birthplace, *Balto City*
- Name of Medical Attendant, *R. J. N. Tall. M.D.*  
(or other Person who makes this Return.)
- Address, *152 Sharp St.*
- Remarks, \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their payment condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

59981

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

June 18<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

190 S Broadway

5. Full Name of Mother

Eva Miller

6. Mother's Maiden Name

Miller

7. Mother's Birthplace

Germany

8. Full Name of Father

Christian Miller

9. Father's Occupation

Bar Keeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address

245 Center Ave

Remarks

FILED BY THE CLERK OF THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39932

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 18 1880*
4. Place of Birth (Street and Number) *Maiders Court N. 2*
5. Full Name of Mother *Mrs Anna Appell*
6. Mother's Maiden Name *Annie Hudson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Appell*
9. Father's Occupation *Carver*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return. *William Manning*
- Address *42 Graham Hill St*
- Remarks

For a full and complete return of a birth, the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother; (state whether 1st, 2d, 3d, &c.).

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second Child  
Female  
White  
June 18, 1880  
71. Partridge St.  
Mary S. Thompson  
W. H. Mason  
W. C. Virginia  
Jas E Thompson  
Lumber Laborer  
Baltimore Md  
J. H. Slade M.D.  
1607 Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

39934

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "JUL 8 1980" is stamped in a bold, sans-serif font.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Male*  
 1. Sex (state whether Male or Female) *White*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *June 18<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *548 Lexington St*  
 5. Full Name of Mother *Mary Eliza Walter*  
 6. Mother's Maiden Name *Mary Eliza Walter*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *George M. Walter*  
 9. Father's Occupation *Adams Express Agent*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *J. B. Gibbons M.D.*  
 Address *47 Edmondson Ave*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39935

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 18<sup>th</sup>

4. Place of Birth (Street and Number) 118 Hughes St

5. Full Name of Mother Ellen J. Conter

6. Mother's Maiden Name " " Taylor

7. Mother's Birthplace City

8. Full Name of Father Mrs. A. Conter

9. Father's Occupation Coppersmith

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burdett M.D.

Address 151 Hancock St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

June 18<sup>th</sup> 1870

4. Place of Birth (Street and Number)

833 East St. Balto Md.

5. Full Name of Mother

Lattie Wilson

6. Mother's Maiden Name

Lattie Turner

7. Mother's Birthplace

Virginia

8. Full Name of Father

James Wilson

9. Father's Occupation

Carter

10. Father's Birthplace

Balto Maryland

Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address

45. Forrest St.

Remarks



See Record of your Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39937

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ind -  
male  
Besock

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 18 - 80  
77 Church St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Ann ~~Saunders~~ Butler  
" ~~Saunders~~

6. Mother's Maiden Name

7. Mother's Birthplace

B. C. City  
John Butler  
Laborer

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

B. C. City  
R. A. P. Ellis, M.D.  
310 Light St.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 18 1880
4. Place of Birth (Street and Number) 82 E. Howard Lane
5. Full Name of Mother Mary Elizabeth Williams
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father Denis Netter
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas
- Address 71 Burgundy Alley
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth  
Real,

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 18, 1880

4. Place of Birth, (Street and Number)

399 E. Lombard St.

5. Full Name of Mother,

Henry C. Windsor

6. Mother's Maiden Name,

"Codd,"

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Glenn J. Windsor

9. Father's Occupation,

Mathematician

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

G. G. Duck

Address,

Balt. Md. 26.

Remarks,

Natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 6*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *The 18 of June*  
 4. Place of Birth (Street and Number) *No 2 273 Eager St*  
 5. Full Name of Mother *Margaret Walst*  
 6. Mother's Maiden Name *Margaret Gutberlet*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *Charles Gutberlet*  
 9. Father's Occupation *Cigarman Cigar maker*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Christina Gaur*  
 Address *177 Harborenment*  
 Remarks

*1880*  
*117*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. Sex (state whether male or female) Female
  2. Race or Color, (if not of the white race) white
  3. Date of Birth June 18 d 1886
  4. Place of Birth, (Street and Number) 27 Germania St.
  5. Full Name of Mother Lera Ida Ekman
  6. Mother's Maiden Name L. J. Lillelund
  7. Mother's Birthplace Baltimore
  8. Full Name of Father Charles Ekman
  9. Father's Occupation Householder
  10. Father's Birthplace Washington
- Name of Medical Attendant, or other Person who makes this return. Mr. R. Rudiger
- Address 134 - Bonelake
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 18 1880

4. Place of Birth, (Street and Number) 327 E. Eberst

5. Full Name of Mother Elena Laurer

6. Mother's Maiden Name E. Skoyes

7. Mother's Birthplace Baltimore

8. Full Name of Father Arbing Laurer

9. Father's Occupation Clerk

10. Father's Birthplace St. America

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 E Bond St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

399113

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *Black.*
3. Date of Birth *June 18<sup>th</sup> 1880.*
4. Place of Birth (Street and Number) *Maternity, 161 W. Lombard St.*
5. Full Name of Mother *Ella Matthews.*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Eastern Shore of Maryland*
8. Full Name of Father *Unknown.*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free M.D.*
- Address *Maternity Hospital, 161 W. Lombard St.*
- Remarks *City.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

399411

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 18, 1880

4. Place of Birth, (Street and Number)

348 Lexington St.

5. Full Name of Mother,

Isabella Applegarth,

6. Mother's Maiden Name,

" Stranley.

7. Mother's Birthplace,

Baltimore City,

8. Full Name of Father,

Robt H. Applegarth.

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

John Pennington M.D.

Address,

134 N Carrollton Av.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39945

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 34

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Friday June 10<sup>th</sup> 1880

4. Place of Birth, (Street and Number) No. 356 N. Henry St.

5. Full Name of Mother Sarah Rasch

6. Mother's Maiden Name Sarah Jones

7. Mother's Birthplace Maryland

8. Full Name of Father John Rasch

9. Father's Occupation Laborer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No. 57 Bantalone St.

Remarks \_\_\_\_\_

# RETURN OF A BIRTH, 29946

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

(state whether male or female) Male

Sex or Color, (if not of the white race) White

Date of Birth

Place of Birth, (Street and Number)

Full Name of Mother

Father's Maiden Name

Father's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Remarks



June 18th 1882  
311 McHenry St.

Martha Burgess

McHenry

Washington D.C.

Mr. Burgess

Mechanic

Baltimore

W. W. C. Brown

572 N. E. Avenue

recd. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 18<sup>th</sup> 1881

4. Place of Birth (Street and Number)

Woodman St. No. 202, Patterson Ave.

5. Full Name of Mother

Mary A. Agnew

6. Mother's Maiden Name

" " Leary.

7. Mother's Birthplace

Balt. Md.

8. Full Name of Father

Lloyd Howell

9. Father's Occupation

Leigay Master

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this return.

Dr. C. F. Brown

Address

241 Lehigh Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 19th 1880*  
 4. Place of Birth (Street and Number) *114 Harford Ave*  
 5. Full Name of Mother *Addie C. Ritter*  
 6. Mother's Maiden Name *Addie C. Bond*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *George Ritter*  
 9. Father's Occupation *Pants Maker*  
 10. Father's Birthplace *Balto Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Silas W. Hunter*  
 Address *36 Greenmount Ave.*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3rd.  
Male.

June 19/80.  
157. Madison St

Mary Hanson  
" Annolly  
Balti.

Patrick J. Jupp  
Clerk & Registrar  
Ireland

Edmund P. McDevell  
133 1/2 E. Lexington St

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 19th 1880*
4. Place of Birth (Street and Number) *47 E. 8th St.*
5. Full Name of Mother *William Halfpenny*
6. Mother's Maiden Name *Winkler*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *George Halfpenny*
9. Father's Occupation *Boiler Maker*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *E. W. Williams, Jr.*
- Address *217 N. Calvert St.*
- Remarks



Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 19 - 1880*

4. Place of Birth (Street and Number) *585 Lexington St*

5. Full Name of Mother *Estelle Ryane*

6. Mother's Maiden Name *Catalan Negro*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry W Ryane*

9. Father's Occupation *Teacher*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *J. W. Hutchinson*

Address *1217 Broadway St*

Remarks

*Direct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39952

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 19-1880-

4. Place of Birth (Street and Number)

26 Edmondson Ave

5. Full Name of Mother

E. J. Patterson

6. Mother's Maiden Name

" " Deeco

7. Mother's Birthplace

Richmond, Va.

8. Full Name of Father

Levis J. Patterson

9. Father's Occupation

Chief Engineer

10. Father's Birthplace

Hampshire Co. W. Va.

Name of Medical Attendant, or other Person who makes this Return.

John T. King M.D.

Address

215 N. Carrollton St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39963

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Single

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

June 17th

4. Place of Birth, (Street and Number)

Baltimore 218 West St

5. Full Name of Mother

Emilia Wilmer

6. Mother's Maiden Name

Phoebe

7. Mother's Birthplace

Ac by Va

8. Full Name of Father

John Winger

9. Father's Occupation

Coal Labor

10. Father's Birthplace

Ac Va

Name of Medical Attendant, or other Person who makes this Return.

Amelina Wilmer

Address

314 Hamburg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

39954

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 19<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *Low St No 35*
5. Full Name of Mother *Clara Owens*
6. Mother's Maiden Name *Hayden*
7. Mother's Birthplace *Louisiana*
8. Full Name of Father *Alexander Owens*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *E. L. Baldwin*
- Address *124 n. Euter St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second -  
Female -  
White.

June 19<sup>th</sup> 1880 -  
No. 83 Penna. Avenue  
Annie Mary Reis  
Lib  
Baltimore Md -  
John Joseph Reis  
Wood-Turner  
Baltimore Md.  
Louis W. Knight Jr.  
112 N. Green St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 19 1880*
4. Place of Birth (Street and Number) *42 Burgundy Alley*
5. Full Name of Mother *Emma Woods*
6. Mother's Maiden Name
7. Mother's Birthplace *Bath City, Md*
8. Full Name of Father *William Woods*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Becasona County, W. Va*
- Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*
- Address *71 Burgundy Alley*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

39957

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 19 June
4. Place of Birth, (Street and Number) Peach a Day No. 9
5. Full Name of Mother George Smith
6. Mother's Maiden Name Elizabeth Smith
7. Mother's Birthplace Baltimore Co. Md
8. Full Name of Father George Smith
9. Father's Occupation Driver
10. Father's Birthplace Baltimore Co. Md
- Name of Medical Attendant, or other Person, who makes this Return Rachel Brown
- Address 265 Annapolis
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *June 19. 1880*  
 4. Place of Birth (Street and Number) *15 Durham St.*  
 5. Full Name of Mother *Josephine Wilson*  
 6. Mother's Maiden Name *Josephine Critchard*  
 7. Mother's Birthplace *Ball's Co. Ind.*  
 8. Full Name of Father *Resdon Wilson*  
 9. Father's Occupation *Farmer*  
 10. Father's Birthplace *Ball's Co. Ind.*  
 Name of Medical Attendant, or other Person who makes this Return *Shream Morgan*  
 Address *47th Durham St.*  
 Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 19 1894  
 4. Place of Birth (Street and Number) No 342 Chester St  
 5. Full Name of Mother Margaret Anne  
 6. Mother's Maiden Name Margaret Anne  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father George W. Binn  
 9. Father's Occupation Wagon Builder  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Dr. E. E. Binn  
 Address No 171 South Chester St  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39960

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 19, 1880
4. Place of Birth, (Street and Number) No 284, Canton Ave
5. Full Name of Mother Mrs Mary Gessler
6. Mother's Maiden Name " " Fellman
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Fellman
9. Father's Occupation Paper Hanger
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Gessler
- Address No 55 S Bond St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Saturday June 19<sup>th</sup> 1886

4. Place of Birth, (Street and Number) No 80 Wilhelms St.

5. Full Name of Mother Antonia Thomas

6. Mother's Maiden Name Antonia Severger

7. Mother's Birthplace Germany

8. Full Name of Father Mr. Thomas

9. Father's Occupation Laborer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Toll

Address 41<sup>st</sup> 5<sup>th</sup> Banholme St.

Remarks

# RETURN OF A BIRTH,

29962

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 19th 1880

4. Place of Birth, (Street and Number)

2101 N. Belmont St

5. Full Name of Mother

May Chapman

6. Mother's Maiden Name

Fisher

7. Mother's Birthplace

Virginia

8. Full Name of Father

Marion F. Chapman

9. Father's Occupation

Wholesale Druggist

10. Father's Birthplace

Austria

Name of Medical Attendant, or other Person who makes this Return.

W. R. M. Crum

Address

582 N. Mayfair St

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# · RETURN OF A BIRTH.

29962

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*  
 1. Sex (state whether male or female) *female*  
 2. Race or Color (if not of the white race) *Jewish*  
 3. Date of Birth *19 June 1880*  
 4. Place of Birth (Street and Number) *45 Harrison Street*  
 5. Full Name of Mother *Jessie Barnard*  
 6. Mother's Maiden Name *Hepshy*  
 7. Mother's Birthplace *Punoi*  
 8. Full Name of Father *Jake Barnard*  
 9. Father's Occupation *pedlar*  
 10. Father's Birthplace *Poland*  
 Name of Medical Attendant, or other Person who makes this Return. *Madame Ulling*  
 Address *48 Heland Street*  
 Remarks *Bull Mark*

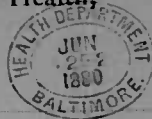
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39964

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Forth*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *June 20<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *70 N. Dallas St*  
 5. Full Name of Mother *Mary A. Alcorn*  
 6. Mother's Maiden Name *Mary A. Waters*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John H. Alcorn*  
 9. Father's Occupation *Waiter*  
 10. Father's Birthplace *Dorchester County Md.*  
 Name of Medical Attendant, or other Person who makes this return *Henrietta Glasco*  
 Address *Welder St. Extended*  
 Remarks *Here Health is as good as can be expected under circumstances*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39965

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 20 1880
4. Place of Birth (Street and Number) Baltimore Millman St 84
5. Full Name of Mother Frances Spencer
6. Mother's Maiden Name Frances Sperry
7. Mother's Birthplace Amirandie County
8. Full Name of Father Daniel Spencer
9. Father's Occupation Dead
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who made this Return. Elizabeth Felt
- Address 15 Horn St
- Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39966

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 20<sup>th</sup> 1880

4. Place of Birth (Street and Number) 195 E Lombard St

5. Full Name of Mother Emma Grayham

6. Mother's Maiden Name W. Eastine

7. Mother's Birthplace Balto

8. Full Name of Father Eugene E Grayham

9. Father's Occupation Glass Stainer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. A E Hooks M.D.

Address 241 E Baltimore

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

89967

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth 20th June 1880
4. Place of Birth (Street and Number) 226 Madison Ave
5. Full Name of Mother Emily P. ~~Ferriot~~ Ferriotti
6. Mother's Maiden Name " " Ferriot
7. Mother's Birthplace New York
8. Full Name of Father C. Ferriotti
9. Father's Occupation Barber
10. Father's Birthplace Corcia
- Name of Medical Attendant, or other Person who makes this Return. Augustus W. D. D. D. D.
- Address
- Remarks

# RETURN OF A BIRTH,

39968

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

72

Sex (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth

June 20 1880

Place of Birth, (Street and Number)

417 North Street St

Full Name of Mother

Anna Barnes

Mother's Maiden Name

Hisher

Mother's Birthplace

Pennsylvania

Full Name of Father

Wm. H. Barnes

Father's Occupation

Merchant

Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

W. R. M. Bower

Address

582 N. Charles St

Remarks

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Color race*  
 3. Date of Birth *July 1st of June*  
 4. Place of Birth (Street and Number) *No 65 Russell st*  
 5. Full Name of Mother *Laura Francis Armistead*  
 6. Mother's Maiden Name  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Joseph Limore Conish*  
 9. Father's Occupation *Cookman*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this return *Aburila Brooks*  
 Address *2010 Warner st*  
 Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days after, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence of the mother of such child or children.

# RETURN OF A BIRTH,

39970

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth February 20, 1886
4. Place of Birth, (Street and Number) St. Michaels Hospital No. 138
5. Full Name of Mother Matthias Muller
6. Mother's Maiden Name Hall
7. Mother's Birthplace Balt.
8. Full Name of Father Leo Muller
9. Father's Occupation Bookkeeper
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this return. Wm. J. P. Pomeroy
- Address St. Michaels No. 138
- Remarks \_\_\_\_\_

Office of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days after, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

39970

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

February 20, 1880

W. Worschington No 138

Mathew Muller

Hall

Balt.

Lie Muller

Bookkeeper

Balt.

Wm. J. P. P. P. P.

J. Wolf No 14

M. W.

Correct Record of Vital Statistics in the City of Baltimore,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 20<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *118 S. Fulton*  
 5. Full Name of Mother *Sarah E. Rose*  
 6. Mother's Maiden Name *Rose*  
 7. Mother's Birthplace *Maryland*  
 8. Full Name of Father *Not known.*  
 9. Father's Occupation *" "*  
 10. Father's Birthplace *" "*  
 Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.*  
 Address *581 Lexington St.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39972

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether male or female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June 20<sup>th</sup> 1888  
 4. Place of Birth (Street and Number) 257 Bathing Avenue  
 5. Full Name of Mother Margaret Steen  
 6. Mother's Maiden Name Margaret Canoe  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Mo K Steen  
 9. Father's Occupation Cabinet Maker  
 10. Father's Birthplace Philadelphia Pa  
 Name of Medical Attendant, or other Person who makes this Return. Theodore Coe M.D.  
 Address 146 S Hanover St  
 Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 20<sup>th</sup>*  
 4. Place of Birth (Street and Number) *456 Light St*  
 5. Full Name of Mother *Catherine Thompson*  
 6. Mother's Maiden Name *Catherine Weaver*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *John L. Thompson*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Catherine Horner*  
 Address *106 West St*  
 Remarks

**Extract Regulations of the Board of Health in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 20 - 1880

4. Place of Birth (Street and Number) 112 Lavergne St

5. Full Name of Mother Katie Fell

6. Mother's Maiden Name Wm. H. H. H.

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Fell

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Barlowe

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

29975

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 d.
1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) white
  3. Date of Birth June 20 1880
  4. Place of Birth, (Street and Number) 247 S. Lee St.
  5. Full Name of Mother Caroline Kimerlein
  6. Mother's Maiden Name Caroline Flus
  7. Mother's Birthplace Germany
  8. Full Name of Father Michael Kimerlein
  9. Father's Occupation Tradesman
  10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 134 W. Bond St.
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39976

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth June 20 1880
4. Place of Birth, (Street and Number) 162 E. Baltimore St.
5. Full Name of Mother Katharine Eigner
6. Mother's Maiden Name Kathe. Schuch
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Eigner
9. Father's Occupation Booker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. R. Reuliger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchleur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39977

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth June 20<sup>th</sup> 1880.
4. Place of Birth (Street and Number) No. 785 Harrison str.
5. Full Name of Mother Goldie Heymen
6. Mother's Maiden Name Margoline
7. Mother's Birthplace Poland
8. Full Name of Father E. Heymen
9. Father's Occupation Shoemaker
10. Father's Birthplace Poland

Name of Medical Attendant, or other Person who makes this return Mrs. C. Bernstein

Address 113 E. Lombard str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 20<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *No 173 Franklin Street*
5. Full Name of Mother *Harrietta How*
6. Mother's Maiden Name *Waller*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Will How*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Schmitt*
- Address *No 476 Conna Avenue*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39979

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth 20 June
4. Place of Birth, (Street and Number) N<sup>o</sup> 378 Calum St
5. Full Name of Mother Leatrice Smith
6. Mother's Maiden Name Pitz
7. Mother's Birthplace Germany
8. Full Name of Father Theodore Smith
9. Father's Occupation None
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophie Simon
- Address N<sup>o</sup> 70 Grubby St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39980

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 21<sup>st</sup> 1888

4. Place of Birth, (Street and Number) 198 Conway St

5. Full Name of Mother Annice Doll

6. Mother's Maiden Name Mora

7. Mother's Birthplace Maryland

8. Full Name of Father Bernard L. Doll

9. Father's Occupation Clerk

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. John Jeffings

Address 515 M. Fayette St

Remarks \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

19981

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 21 June 1880
4. Place of Birth, (Street and Number) Booker Street
5. Full Name of Mother Emma Sutton
6. Mother's Maiden Name Emma Thickett
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Sutton
9. Father's Occupation Saboteur
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Margie Ellet
- Address No 13 Cubia Street
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *21 June 1885*
4. Place of Birth (Street and Number) *248 Central Ave*
5. Full Name of Mother *Lizzie Lizer*
6. Mother's Maiden Name *Brady*
7. Mother's Birthplace *John Lizerer Pennsylvania*
8. Full Name of Father *John Lizerer*
9. Father's Occupation *Shoe maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks *Madame Ullig*

*48 Holland Street Balt Md*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39983

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 21st 1880*
4. Place of Birth (Street and Number) *37 S. Charles St Balt*
5. Full Name of Mother *Maria Louise Hooper*
6. Mother's Maiden Name *Wheeler*
7. Mother's Birthplace *Barfod City*
8. Full Name of Father *Luther S. Hooper*
9. Father's Occupation *Mariner & Pilot*
10. Father's Birthplace *Hooper Island Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. S. Hooper*
- Address *20 Madison St*
- Remarks

Birth Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *21st June*  
 4. Place of Birth (Street and Number) *Canover St No 1006*  
 5. Full Name of Mother *Mrs. Louis R. Smith*  
 6. Mother's Maiden Name *Elizabeth Smith*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Louis R. Smith*  
 9. Father's Occupation *Carpenter & Builder*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Catherine W. Smith*  
 Address *1342 Linden Hall St*  
 Remarks *Doing Well*

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female 21. 1880

St. Helens No 48

Elizabeth Metzger

Germany

Polk

John Metzger

Germany

Polk

Dr. John Kaulbach

St. Helens No 14

Germany

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 21<sup>st</sup> 1880*

4. Place of Birth (Street and Number) *402 Scott St*

5. Full Name of Mother *Maggie Stewart*

6. Mother's Maiden Name *Sheppard*

7. Mother's Birthplace *city*

8. Full Name of Father *Isaac Stewart*

9. Father's Occupation *Market Man*

10. Father's Birthplace *city*

Name of Medical Attendant, or other Person who makes this Return *Dr. D. Blake M.D.*

Address *168 E. Bazaar*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th*  
1. Sex (state whether Male or Female) *female, white*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *21<sup>st</sup> Decr 1880*  
4. Place of Birth (Street and Number) *15 Edmondson St*  
5. Full Name of Mother *Emma Weber*  
6. Mother's Maiden Name *Emma McDonald*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *August Weber*  
9. Father's Occupation *Dying Seller*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *D. A. McDonald M.D.*  
Address *120 Pearl St Baltimore*  
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39988

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

12th  
Male  
White  
June 21st - 1880  
W 234 E. Madison St  
Sarah T. Eastwood  
Baltimore  
George H. Eastwood  
Sail Maker  
Virginia  
J. E. Whitehead M.D.  
#195 Virginia Street

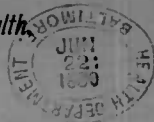


rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*  
 1. Sex (state whether Male or Female) *Male.*  
 2. Race or Color (if not of the white race) *white.*  
 3. Date of Birth *June 21-80*  
 4. Place of Birth (Street and Number) *209 N. Calhoun St.*  
 5. Full Name of Mother *Caroline Stewart*  
 6. Mother's Maiden Name *Creamer*  
 7. Mother's Birthplace *Balto. City, Md*  
 8. Full Name of Father *Andrew Luther Stewart*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Balto. City, Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Louis W. Knight M.D.*  
 Address *112 N. Greene*  
 Remarks

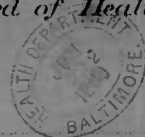
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39990

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 21,

4. Place of Birth, (Street and Number)

# 185, Eastern Avenue,

5. Full Name of Mother,

Maria Brent

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

to account

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Leah Walker

Address,

# ~~185~~ # 3 D. Dallas st.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the registrar at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

64

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 21st 1880

4. Place of Birth, (Street and Number)

48 Dylman

5. Full Name of Mother

Rachel Leonard

6. Mother's Maiden Name

Thomas

7. Mother's Birthplace

New Jersey

8. Full Name of Father

George T. Leonard

9. Father's Occupation

Telegraph

10. Father's Birthplace

New Jersey

Name of Medical Attendant, or other Person who makes this Return.

J. H. Curney M.D.

Address

76 Dylman St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

39992

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one*
1. Sex, (state whether male or female) *female Child*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *June the 21. 1880.*
4. Place of Birth, (Street and Number) *493 McClellan St Baltimore Md*
5. Full Name of Mother, *Delila Jones*
6. Mother's Maiden Name, *Delila Dockkins*
7. Mother's Birthplace, *Dorchester County Md*
8. Full Name of Father, *Wesley Jones*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Dorchester County Md*
- Name of Medical Attendant, *Lucinda W. Walford*  
or other Person who makes this Return
- Address, *1300 Regester St Baltimore Md*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39993

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 21<sup>st</sup>, 1880.*  
 4. Place of Birth (Street and Number) *Maternity, 161 St. Lombard St.*  
 5. Full Name of Mother *Mary Carnall.*  
 6. Mother's Maiden Name *"*  
 7. Mother's Birthplace *Baltimore, Md.*  
 8. Full Name of Father *Unknown.*  
 9. Father's Occupation *"*  
 10. Father's Birthplace *"*  
 Name of Medical Attendant, or other Person who makes this Return. *Spencer W. Free, M.D.*  
 Address *Maternity Hospital, 161 St. Lombard St.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39994

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *June 21<sup>st</sup> 1880.*
4. Place of Birth (Street and Number) *Maternity 161 W. Lombard St.*
5. Full Name of Mother *Ella Morris*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Annapolis, Maryland.*
8. Full Name of Father *Unknown.*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free M.D.*
- Address *Maternity Hospital, 161 W. Lombard St.*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

39995-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *Black.*
3. Date of Birth *June 21<sup>st</sup> 1880.*
4. Place of Birth (Street and Number) *Maternity, 161 St. Lombard St.*
5. Full Name of Mother *Lottie Zapp.*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Virginia.*
8. Full Name of Father *Unknown.*
9. Father's Occupation *"*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free M.D.*
- Address *Maternity Hospital, 161 St. Lombard St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Female  
White  
June 21<sup>st</sup> 1880  
213 George St.  
Mary C Rodgers.  
Mary C Lurty.  
St Mary's Co Md.  
George A Rodgers,  
Bookkeeper,  
Baltimore City  
John Pennington M.D.  
134 McCarrollan Av.

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 21st 1880

4. Place of Birth (Street and Number)

183 E Eager St

5. Full Name of Mother

Louisa Browning

6. Mother's Maiden Name

" Swain

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

Edmund Browning

9. Father's Occupation

Police Officer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Cathell, Md

Address

2 N Broadway.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

39978

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 21 June

4. Place of Birth, (Street and Number) N. 11 Eason St.

5. Full Name of Mother Ernestine Mengel

6. Mother's Maiden Name Barsch

7. Mother's Birthplace Germany

8. Full Name of Father Geo. Mengel

9. Father's Occupation Lawyer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Sophia

Address N. 11 Eason St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

9999

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female named Mabel*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 2<sup>nd</sup> 1880*
4. Place of Birth (Street and Number) *East st 195*
5. Full Name of Mother *Elizabeth Blake*
6. Mother's Maiden Name *Elizabeth Mansfield*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *William Blake*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *E. G. Baldwin*
- Address *124 N. Epton st*
- Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth June 21<sup>st</sup> 1880

4. Place of Birth, (Street and Number) 255 Eastern Ave

5. Full Name of Mother Maria Schneider

6. Mother's Maiden Name Boyd

7. Mother's Birthplace City

8. Full Name of Father Andreas Schneider

9. Father's Occupation Cigar maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Beck

Address 245 Canton Ave

Remarks \_\_\_\_\_

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

140001

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 21st 1880*

4. Place of Birth (Street and Number) *60 S. Sun*

5. Full Name of Mother *Sarah Brown*

6. Mother's Maiden Name *Sarah Trege*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *James S. Brown*

9. Father's Occupation *machinist*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Jno S. Lynch, M.D.*

Address *17 S. Broadway*

Remarks *Child has been named Edna May Brown*

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physician or midwife, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

406621

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

June 22nd

4. Place of Birth, (Street and Number)

Baltimore No 319 Cambridge

5. Full Name of Mother

Mary Matilda Stantley

6. Mother's Maiden Name

" " Williams

7. Mother's Birthplace

Norfolk Va

8. Full Name of Father

Edward Stantley

9. Father's Occupation

Harbor Carrier

10. Father's Birthplace

Calvert County

Name of Medical Attendant, or other Person who makes this Return.

Amelia Wilson

Address

319 Cambridge

Remarks

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

140003

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
- Sex (state whether Male or Female) *Male*
- Race or Color (if not of the white race) *White*
- Date of Birth *June 22*
- Place of Birth (Street and Number) *67 Edensor St.*
- Full Name of Mother *Ben Victor Schuyler*
- Mother's Maiden Name *Stal*
- Mother's Birthplace *Ohio*
- Full Name of Father *James W. Schuyler*
- Father's Occupation *Asst. Gen. Freight Ast. Broker*
- Father's Birthplace *Ohio*
- Name of Medical Attendant, or other Person who makes this Return. *W. T. Crum*
- Address *186 W. May St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22<sup>d</sup> June 1880.
4. Place of Birth (Street and Number) 167 N. Cass St.
5. Full Name of Mother Margaret Ferguson.
6. Mother's Maiden Name Margaret Blizard
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father James J. Ferguson.
9. Father's Occupation Carpenter.
10. Father's Birthplace Ireland.
- Name of Medical Attendant, or other Person who makes this Return. N. W. Little
- Address 425 N. Fayette St.
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First-*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 22nd 1880*  
 4. Place of Birth (Street and Number) *119 Jefferson St.*  
 5. Full Name of Mother *Sue Ann Parker*  
 6. Mother's Maiden Name *Sue Ann Young*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Richard E. Penn*  
 9. Father's Occupation *Silver Plater*  
 10. Father's Birthplace *Dover Kent - Eng.*  
 Name of Medical Attendant, or other Person who makes this Return. *Geo. S. Kinnemon*  
 Address *73 E. Pratt St.*  
 Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

Name: *Emma Stout*



Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

(state whether male or female) *Female*

Age or Color, (if not of the white race)

Age of Birth

*22 June 1880*

Place of Birth, (Street and Number)

*No 38 Valley St*

Full Name of Mother

*Sarah C Stout*

Mother's Maiden Name

*Sarah C McCall*

Mother's Birthplace

*Indefinite*

Full Name of Father

*Francis Stout*

Father's Occupation

*Pipe Fitter*

Father's Birthplace

*Baltimore*

Name of Medical Attendant

or other Person who makes this Return.

*Henry A. Howell*

Address

*286 Mt Vernon St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *Jewish*

3. Date of Birth *22 June 1880*

4. Place of Birth (Street and Number) *88 Harrison Street*

5. Full Name of Mother *Fedy Meach*

6. Mother's Maiden Name *Natten*

7. Mother's Birthplace *Lusai*

8. Full Name of Father *Simon Meach*

9. Father's Occupation *Poland*

10. Father's Birthplace *Seehorn Street*

Name of Medical Attendant, or other Person who makes this Return.

Address *Madame Ullig*

Remarks *48 Holman Street*

*Baltimore*



reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth June, 22, 1887  
 4. Place of Birth (Street and Number) 215 N. Caroline st  
 5. Full Name of Mother Eliza Duff  
 6. Mother's Maiden Name Sittings  
 7. Mother's Birthplace Balt. Md.  
 8. Full Name of Father Andrew Duff  
 9. Father's Occupation Housekeeper  
 10. Father's Birthplace Balt. Md.  
 Name of Medical Attendant, or other Person who makes this Return. W. B. Billingslee  
 Address Harford and Biddle  
 Remarks

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Ma'e or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. *Place of Birth (Street and Number)*

5. Full Name of Mother

6. Mother's Maiden Name

### 7. Mother's Birthplace

8. *Full Name of Father*

### 9. Father's Occupation

### 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd

Female

White

June 22<sup>nd</sup> 1880  
409 N. 3<sup>rd</sup> St.

409 N. Thicker St

Celest B. Sampini

" 21 " " Dickson

Philadelphia Pa.

Alberto Campini

black

Italy

J. Kilbome, M. D.,

47 Edmondson ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Girl*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 22nd 1880*

4. Place of Birth (Street and Number) *328 Park Ave*

5. Full Name of Mother *Mary McCourt*

6. Mother's Maiden Name *Appleton*

7. Mother's Birthplace

8. Full Name of Father *Michael McCourt*

9. Father's Occupation *Laborer*

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Dr. W. Winslow*

Address *201 W. Biddle St*

Remarks *Have been away - also would have returned birth*  
*corner.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

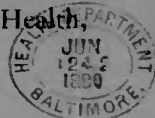


Name of child: *Rosa May Watkins*  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 22<sup>nd</sup> 1880*  
 4. Place of Birth (Street and Number) *121 N. Schröder*  
 5. Full Name of Mother *Helen Isadore Watkins*  
 6. Mother's Maiden Name *Wierman*  
 7. Mother's Birthplace *Balto. City, Md.*  
 8. Full Name of Father *Thomas Edward Watkins*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Baltimore City Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Sam W. Knight Md*  
 Address *172 Franklin St.,*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth 22 of June

4. Place of Birth (Street and Number) Baltimore Bridge St No 107

5. Full Name of Mother Mollie Watts

6. Mother's Maiden Name Charles Gray

7. Mother's Birthplace Baltimore

8. Full Name of Father William Watts

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Dr. W. Schaffer

Address 114 Bridge St

Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ed.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 22 ed 1880.
4. Place of Birth, (Street and Number) No 72. Williams St.
5. Full Name of Mother Caroline Hofflich
6. Mother's Maiden Name Seaton
7. Mother's Birthplace Baltimore
8. Full Name of Father F. Hofflich
9. Father's Occupation Cannemaker.
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. D. Pitt
- Address No 145. S.E. cor. Central av & Monument St.
- Remarks All Well.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *22 June*
4. Place of Birth, (Street and Number) *49 Harrison*
5. Full Name of Mother, *Alice Hamel*
6. Mother's Maiden Name, *Wicks*
7. Mother's Birthplace, *Balt. Md*
8. Full Name of Father, *John Hamel*
9. Father's Occupation, *workman*
10. Father's Birthplace, *Balt. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sara Casper*
- Address, *52 E Lombard*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 June

4. Place of Birth, (Street and Number)

22 Jefferson

5. Full Name of Mother,

Ana Siegel

6. Mother's Maiden Name,

Blum

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Josef Siegel

9. Father's Occupation,

Liquor Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Casper

Address,

52 E Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Tuesday June 22nd 1880*

4. Place of Birth (Street and Number) *Biddle St East of Greenmount Ave*

5. Full Name of Mother *Henrietta Steinberg*

6. Mother's Maiden Name *Henrietta Young*

7. Mother's Birthplace *New York*

8. Full Name of Father *Friedrich Steinberg*

9. Father's Occupation *Printer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brinton*

Address *207 Greenmount Ave*

Remarks *"Vote, Ancestration"*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 22<sup>nd</sup> 1885*

4. Place of Birth (Street and Number) *47 N Wolfe St*

5. Full Name of Mother *Maria L Elliot*

6. Mother's Maiden Name *Hoveland*

7. Mother's Birthplace *Portsmouth Va*

8. Full Name of Father *J. Wesley Elliot*

9. Father's Occupation *Bookkeeper*

10. Father's Birthplace *Falmouth Maine Va*

Name of Medical Attendant, or other Person who makes this Record. *H. D. Barker*

Address *162 Madison St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th  
Male.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 22 / 80

4. Place of Birth (Street and Number)

G. S. Friedrich St.  
Hanna Delvie

5. Full Name of Mother

6. Mother's Maiden Name

"

Burkheimer

7. Mother's Birthplace

Hartford, Conn.

8. Full Name of Father

Jacob S. Delvie

9. Father's Occupation

Restaurateur

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edward J. McKivitt  
133 N. E. C. St.

Address

Remarks

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

10019  
L<sup>d</sup> Male  
White  
June 22<sup>d</sup> 1880  
74 Elmilla St  
Mary E. Frith  
Mary E. Cook  
City  
A. B. Frith  
Mariner  
England  
H. B. Noble M.D.  
17 Hamm av



Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth

*June, 22<sup>d</sup>,*

4. Place of Birth (Street and Number)

*390 Wadsworth.*

5. Full Name of Mother

*Elizabeth Herby.*

6. Mother's Maiden Name

*Elizabeth Colston.*

7. Mother's Birthplace

*Balls Bluff.*

8. Full Name of Father

*John F. Herby.*

9. Father's Occupation

*Sailor.*

10. Father's Birthplace

*Penn.*

Name of Medical Attendant, or other Person who makes this Return.

*Wm. C. Lambes M.D.*

Address

*222 N Broadway.*

Remarks

*Face Presentation.*



Record of Registrar in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40021

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 23<sup>rd</sup> 1880

4. Place of Birth, (Street and Number)

689 W Myrtle

5. Full Name of Mother

Elizabeth H. Barton

6. Mother's Maiden Name

Allan

7. Mother's Birthplace

Balto city

8. Full Name of Father

John Barton

9. Father's Occupation

Huckster

10. Father's Birthplace

Balto city

Name of Medical Attendant, or other Person who makes this Return.

J. H. Surney

Address

76 Race st

Remarks

Records of Births, Deaths and Marriages in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

110022

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth June 3<sup>rd</sup> 1880

4. Place of Birth, (Street and Number) 95 St Paul St

5. Full Name of Mother Annie C. Hane

6. Mother's Maiden Name Wood

7. Mother's Birthplace Calverton, Md

8. Full Name of Father Deane M. Hane

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore District Columbia

Name of Medical Attendant, or other Person who makes this Return. J. H. Hume

Address 76 St Paul St

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

110023

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June. the 23.*
4. Place of Birth, (Street and Number) *E. Fayette St., N<sup>o</sup> 228.*
5. Full Name of Mother, *Anna Graf*
6. Mother's Maiden Name, *Anna Greifen*
7. Mother's Birthplace, *Balt<sup>y</sup> City*
8. Full Name of Father, *Hermann Graf*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Balt<sup>y</sup> City*

Name of Medical Attendant, *Mary E. Miller*

Address, *N. Dallas St. N<sup>o</sup> 26,*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June. 23. 1880*

4. Place of Birth, (Street and Number) *Bark. St. No 35*

5. Full Name of Mother, *Mary Curley*

6. Mother's Maiden Name, *Mary Brockberger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Curley*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Brooklyn N. York U. S.*

Name of Medical Attendant, or other Person who  
made this Return. *Mary E. Miller*

Address, *N. Dallas St No 26*

Remarks,

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth 23 June 1880.  
4. Place of Birth (Street and Number) 8 South Oregon St.  
5. Full Name of Mother Elizabeth Virginia Taylor  
6. Mother's Maiden Name " " Miller  
7. Mother's Birthplace Baltimore, Md  
8. Full Name of Father Henry Taylor  
9. Father's Occupation Mechanical Engineer &c &c.  
10. Father's Birthplace Baltimore County, Md.  
Name of Medical Attendant, or other Person who makes this return J. C. Doss, M.D.  
Address 467 W. Fayette Street.  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 23 1880*
4. Place of Birth (Street and Number) *N° 15 West st*
5. Full Name of Mother *Lena Weber*
6. Mother's Maiden Name *Lena Gellar*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Weber*
9. Father's Occupation *Labour*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Calhoun Horner*
- Address *N° 106 West st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The fourth*  
 1. Sex (state whether male or female) *female*  
 2. Race or Color (if not of the white race) *color*  
 3. Date of Birth *June 23 1880*  
 4. Place of Birth (Street and Number) *Calton street No 14*  
 5. Full Name of Mother *Cynidy Johnson*  
 6. Mother's Maiden Name *Cydney H. Kerns*  
 7. Mother's Birthplace *Calbert co Md*  
 8. Full Name of Father *Repus Johnson*  
 9. Father's Occupation *Wagner*  
 10. Father's Birthplace *amermet co Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Scholar's Warr*  
 Address *2058 Raborg st*  
 Remarks *Born sick yet a live*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

40028

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 23, 1880*
4. Place of Birth (Street and Number) *N 24 E. Townsend St*
5. Full Name of Mother *Esther Elizabeth Kelly*
6. Mother's Maiden Name *E. Elizabeth Armstrong*
7. Mother's Birthplace *Hagerstown Baltimore County*
8. Full Name of Father *John J. Kelly*
9. Father's Occupation
10. Father's Birthplace *County Galway Ireland*
- " Name of Medical Attendant, or other Person who makes this Return. *Dr L. C. Clatford M.D.*
- Address *N 114 Park Ave.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*  
 1. Sex (state whether male or female) *male*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *june 23*  
 4. Place of Birth (Street and Number) *no 85 goodman alley*  
 5. Full Name of Mother *martha Fletcher*  
 6. Mother's Maiden Name *martha Fletcher*  
 7. Mother's Birthplace *new town va*  
 8. Full Name of Father *james & solly*  
 9. Father's Occupation *laborer*  
 10. Father's Birthplace *chambridge md*  
 Name of Medical Attendant, or other Person who makes this Return. *mr Lydia Porter*  
 Address *no 4 patrick avenue*  
 Remarks *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 23<sup>rd</sup> 1880
4. Place of Birth, (Street and Number) 372 Wisconsin St.
5. Full Name of Mother Georgiana Bond
6. Mother's Maiden Name Crutcher
7. Mother's Birthplace Baltimore Co. Md.
8. Full Name of Father John Henry Bonds
9. Father's Occupation Produce Commission Merchant
10. Father's Birthplace Baltimore City Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Christian M.D.
- Address 431 Penna. Ave.
- Remarks \_\_\_\_\_

See Article of this Statute in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

June 23<sup>rd</sup> 1880

198 McCarry St

Sarah Catherine Sanders

Sarah C. Applegarth

Baltimore

Sanders

Merchant

Baltimore

J. W. Hillman  
8121 W. Monument St

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
G. General  
Mulatto  
June 2 1920  
100 N. ...  
Elizabeth H. ...  
In ...  
Calvert Co. Md.  
In ...  
Driver  
Hartford Co. Md.  
In ...  
166 ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White.

3. Date of Birth

June 23. 1880.

4. Place of Birth (Street and Number)

149 E. Lombard St.

5. Full Name of Mother

Fanny Berlinger

6. Mother's Maiden Name

Fanny Cleser.

7. Mother's Birthplace

Germany

8. Full Name of Father

Samuel Berlinger

9. Father's Occupation

Merchant

10. Father's Birthplace

Massachusetts

Name of Medical Attendant, or other Person who makes this Return.

J. W. Hockmeyer

Address

75 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40034

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *May 23<sup>rd</sup> 1880*
4. Place of Birth (Street and Number) *No. 110 N. Biddle St.*
5. Full Name of Mother *Jennie Massey*
6. Mother's Maiden Name *Jennie Warren*
7. Mother's Birthplace *Chatham Canada West*
8. Full Name of Father *William Massey*
9. Father's Occupation *Barber*
10. Father's Birthplace *St. Louis Mo.*
- Name of Medical Attendant, or other Person who makes this Return. *Joseph T. Smith M.D.*
- Address *No. 253 Madison Ave*
- Remarks *Labors without complications*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 23 1880*
4. Place of Birth (Street and Number) *125 St Dallas*
5. Full Name of Mother *Lizzie Brown*
6. Mother's Maiden Name *Lizzie Campbell*
7. Mother's Birthplace *North Cumberland Co. Pa.*
8. Full Name of Father *William Brown*
9. Father's Occupation *Tailor.*
10. Father's Birthplace *Port au Prince.*
- Name of Medical Attendant, or other Person who makes this Return. *Sueann Morgan*
- Address *No. 47 St. Dunham St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40086

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 23d 1880*
4. Place of Birth, (Street and Number) *111 Howard St*
5. Full Name of Mother, *W. Alvina Nohlgarten*
6. Mother's Maiden Name, *Wegell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edgar Nohlgarten*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*W. H. Stone, M.D.*  
*North Branch Baltimore Co Md*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

116087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE, CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 23 June

4. Place of Birth, (Street and Number) No 29 Alhambra St

5. Full Name of Mother Katharine Rupp

6. Mother's Maiden Name Reichert

7. Mother's Birthplace Germany

8. Full Name of Father Julius Rupp

9. Father's Occupation Sailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Greenby St

Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

140038

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 June
4. Place of Birth, (Street and Number) 82 S Esceter
5. Full Name of Mother, Bridget Mc Lamar
6. Mother's Maiden Name, Prosh
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm. Mc Lamar
9. Father's Occupation, workman
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper
- Address, 52 E Lombard
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40039

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *20 June*

4. Place of Birth, (Street and Number) *176 S Canal*

5. Full Name of Mother, *Bridg. Kelly*

6. Mother's Maiden Name, *Böhm*

7. Mother's Birthplace, *Lat Maryland*

8. Full Name of Father, *John Kelly*

9. Father's Occupation, *Workingman*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *Mrs Sarah Casper*  
or other Person who  
makes this Return.

Address, *52 Lombard*

Remarks,

and also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

400140

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *23 June*
4. Place of Birth, (Street and Number) *11 S Eoceter*
5. Full Name of Mother, *Hattie George*
6. Mother's Maiden Name, *Rehran*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Andro George*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Casper*
- Address, *52 E Lombard*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Wednesday June 23rd 1888*  
4. Place of Birth (Street and Number) *N.E. Cor of Chase & Ann St*  
5. Full Name of Mother *Mary E. Speis*  
6. Mother's Maiden Name *Mary E. Skimiger*  
7. Mother's Birthplace *Harford Co Md*  
8. Full Name of Father *Louis Speis*  
9. Father's Occupation *Cabinet Maker*  
10. Father's Birthplace *Harford Co Md*  
Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brinkley M.D.*  
Address *25 1/2 Greenmount Ave*  
Remarks *Vertex presentation*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 23rd 1880

4. Place of Birth, (Street and Number) No 42. Orleans St.

5. Full Name of Mother Ellen Schreurs

6. Mother's Maiden Name " Meyer

7. Mother's Birthplace Baltimore

8. Full Name of Father John Schreurs

9. Father's Occupation Plumber

10. Father's Birthplace Baltimore.

Name of Medical Attendant or other Person who makes this Return. Mrs. M. A. Burr

Address No 145. S. E. cor Centrel av. & Monument St.

Remarks All Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

400113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

Jan 24<sup>th</sup>

4. Place of Birth, (Street and Number)

Baltimore No 802 West

5. Full Name of Mother

Nancy Marshall

6. Mother's Maiden Name

Thomas

7. Mother's Birthplace

Dorchester County

8. Full Name of Father

Thomas Marshall

9. Father's Occupation

Sailor

10. Father's Birthplace

St Mary County

Name of Medical Attendant,

or other Person who makes this Return.

Dr. William Wilson

Address

319 Hamburg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 24<sup>th</sup> 1890*
4. Place of Birth (Street and Number) *\*12 Lamuse Alley (Baltimore)*
5. Full Name of Mother *Hannah Meale*
6. Mother's Maiden Name *—*
7. Mother's Birthplace *H. Mary's County Md.*
8. Full Name of Father *Stephen Meale*
9. Father's Occupation *Laborer*
10. Father's Birthplace *H. Mary's County Md.*
- Name of Medical Attendant, or other Person who makes this Return. *James Brown M.D.*
- Address *\*110 W. Entaw St.*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 24. 1880.
4. Place of Birth (Street and Number) 31 King St.
5. Full Name of Mother Ellen Murr aged 16 yrs
6. Mother's Maiden Name Ellen Murr
7. Mother's Birthplace Baltimore
8. Full Name of Father John Riley, the mother says -
9. Father's Occupation Policeman.
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. Dr H P Meyer
- Address 175 Saratoga St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Second  
Female  
White  
24<sup>th</sup> June 1880  
N<sup>o</sup> 15 Albemarle St.  
Bridget Green  
Bridget Humming  
Ireland  
Thomas J. Green  
Policeman  
Baltimore City  
Mrs. Eliza Humming  
N<sup>o</sup> 15 Albemarle Street  
(City)

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

June 26th



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 24th 1880

4. Place of Birth, (Street and Number) No 18 Bank Street

5. Full Name of Mother Clara M.

6. Mother's Maiden Name Clara Miller

7. Mother's Birthplace America

8. Full Name of Father Andrew Sims

9. Father's Occupation Stevedore

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. D. D.

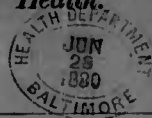
Address No 7. S. High St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 24<sup>th</sup> 80

4. Place of Birth, (Street and Number)

104 E. Paer St

5. Full Name of Mother

Agate Hines

6. Mother's Maiden Name

Chelka

7. Mother's Birthplace

Germany

8. Full Name of Father

Lehal Edwin Hines

9. Father's Occupation

Green Grocer

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

J. H. Murray

Address

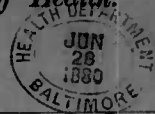
76 W. Paer St

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six weeks thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 24 1880

4. Place of Birth, (Street and Number) 554 E. Fayette street

5. Full Name of Mother Rachel Weber

6. Mother's Maiden Name Rachel Wehner

7. Mother's Birthplace Germany

8. Full Name of Father Daniel Weber

9. Father's Occupation Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary corner 158

Address Collington Avenue

Remarks \_\_\_\_\_

For Record of Year entered in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



40050

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *June 24<sup>th</sup> 1881*

4. Place of Birth (Street and Number) *No 12 East 1<sup>st</sup>*

5. Full Name of Mother *Mary C. Harris*

6. Mother's Maiden Name *Winkerson*

7. Mother's Birthplace *Easton*

8. Full Name of Father *George L Harris*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Louisa Seaton*

Address \_\_\_\_\_

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within 24 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth June 24<sup>th</sup> 1880
4. Place of Birth, (Street and Number) No. 19 Bantatoc St.
5. Full Name of Mother Mary Hall
6. Mother's Maiden Name Mary Kalbfleisch
7. Mother's Birthplace Germany.
8. Full Name of Father Charles Hall.
9. Father's Occupation Bristle Carrier.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Katherine Hall.
- Address No. 57 Bantatoc St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth June 24. 1880

4. Place of Birth, (Street and Number) Market St. 86

5. Full Name of Mother Elizabeth Young

6. Mother's Maiden Name Prattner

7. Mother's Birthplace Pratt

8. Full Name of Father Benjamin Young

9. Father's Occupation Carpenter

10. Father's Birthplace Pratt

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Pratt

Address Market St. 111, E. 1st

Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_
  2. Race or Color, (if not of the white race) \_\_\_\_\_
  3. Date of Birth June 24 1880
  4. Place of Birth, (Street and Number) 2400 N. 11th St
  5. Full Name of Mother Theresa J. Schmitt
  6. Mother's Maiden Name H. J. J.
  7. Mother's Birthplace Prussia
  8. Full Name of Father George Schmitt
  9. Father's Occupation Boiler Maker
  10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Wm. F. Brunsbach
- Address 2400 N. 11th St. Baltimore
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

June 24 1880.

4. Place of Birth (Street and Number)

Hollins & Carrollton ave.

5. Full Name of Mother

Mary Newton

6. Mother's Maiden Name

7. Mother's Birthplace

Ind.

8. Full Name of Father

S H Newton

9. Father's Occupation

Tobaccoist

10. Father's Birthplace

Baltimore Ind.

Name of Medical Attendant, or other Person who makes this Return.

Dr J. Spurgeon M.D.

Address

584 W Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 12 / RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth June 24<sup>th</sup> 1888.
4. Place of Birth (Street and Number) 294 Lanvale
5. Full Name of Mother Mary Stuart
6. Mother's Maiden Name Mary Hallyday
7. Mother's Birthplace Baltimore Md,
8. Full Name of Father J. H. Stuart
9. Father's Occupation Clerk
10. Father's Birthplace Md
- Name of Medical Attendant, or other Person who makes this Return. J. J. Finckhman M.D.
- Address 584 W. Fayette St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 24<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *No. 19 Cook Street*

5. Full Name of Mother *Elizabeth Becker*

6. Mother's Maiden Name *Prager*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Becker*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Schmitt*

Address *No. 476 Parson Avenue*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist at, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY:



40057

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 24th*

4. Place of Birth (Street and Number) *200. N. Broadway*

5. Full Name of Mother *Annie A. Price*

6. Mother's Maiden Name *Annie A. Magain*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *James M. Price*

9. Father's Occupation *Painter*

10. Father's Birthplace *Balt. City*

Name of Medical Attendant, or other Person who makes this Return. *May C. Price*

Address *200. N. Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



40058

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2nd)*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *June 24<sup>th</sup> 1888*  
 4. Place of Birth (Street and Number) *73 Shields Alley*  
 5. Full Name of Mother *Susan Bowney*  
 6. Mother's Maiden Name *Webster*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Jacob W. Bowney*  
 9. Father's Occupation *Shoemaker*  
 10. Father's Birthplace *Angusta Ga.*  
 Name of Medical Attendant, or other Person who makes this Return. *T. J. Ward M.D.*  
 Address *127 St Paul St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race)  
3. Date of Birth June 2nd 80  
4. Place of Birth (Street and Number) Liberty Road 2nd house from Father's  
5. Full Name of Mother Emma Pelick  
6. Mother's Maiden Name Emma Brunklin  
7. Mother's Birthplace Mich  
8. Full Name of Father Squad Taylor Quirk  
9. Father's Occupation Conductor  
10. Father's Birthplace Mich  
Name of Medical Attendant, or other Person who makes this Return. J. Miller M.D.  
Address 89 N. Greene St.  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) 24 d June 1880
3. Date of Birth
4. Place of Birth (Street and Number) 236 Boston St
5. Full Name of Mother Lizzie Snyder
6. Mother's Maiden Name Lizzie Redding
7. Mother's Birthplace Germany
8. Full Name of Father John Snyder
9. Father's Occupation Carrier
10. Father's Birthplace Mid
- Name of Medical Attendant, or other Person who makes this Return. Dr. M. S. M. S.
- Address 87 W. Green St.
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth Jan. 24, 1880

4. Place of Birth, (Street and Number) 281 N. Dally St.

5. Full Name of Mother Wilhelmine Buttenborn

6. Mother's Maiden Name Wilk. Haseker

7. Mother's Birthplace Germane

8. Full Name of Father August Buttenborn

9. Father's Occupation Ka. hender

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this return. Mr. R. Rudiger

Address 134 N. Bond St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth June 24th 1880.  
4. Place of Birth, (Street and Number) No. 34, Millman St.  
5. Full Name of Mother Hermelia McKeown  
6. Mother's Maiden Name Barnett  
7. Mother's Birthplace Baltimore County  
8. Full Name of Father Patrick McKeown  
9. Father's Occupation Laborer  
10. Father's Birthplace Ireland.  
Name of Medical Attendant, or other Person who makes this Return Mrs. M. J. Burt  
Address No. 145 S. E. cor. Central av. & Monument St.  
Remarks Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the address of the mother of such child or children.

# RETURN OF A BIRTH, <sup>1100 63</sup>

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth June 24th 1880.

4. Place of Birth, (Street and Number) No 63. S. W. cor. McKeldens Spring.

5. Full Name of Mother Fannie Barringer.

6. Mother's Maiden Name Fannie Dietz

7. Mother's Birthplace Baltimore

8. Full Name of Father Jack Barringer.

9. Father's Occupation Clerk.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. J. Bell.

Address No 185. S. E. cor Centre at V. Monument St.

Remarks All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40064

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

or other Person who makes this Return.

110065

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "JUN 20 1890" is stamped.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *25th of June 1855*  
 4. Place of Birth, (Street and Number) *24 North Holl Street*  
 5. Full Name of Mother, *Mary Albert*  
 6. Mother's Maiden Name, *Mary Glose*  
 7. Mother's Birthplace, *Hunter Guse Baltimore*  
 8. Full Name of Father, *Alfonse Glose*  
 9. Father's Occupation, *Barman*  
 10. Father's Birthplace, *Baltimore*

*Coronilla Russ. K.L.*

W. A. S. L. Chapel street for Justina K. K. K.

It lived two, ours and a half and died on sprissans.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st

Female

25th June

5-08 W Balt. St

Rebecca Ahlborn

Rose

Balt. Md.

Alfred Ahlborn

Jeweler

Europe

J. H. Brown

1851 W. Balt. St.

1

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

1st  
Female  
White  
June 25th 1880  
2450 Light  
Ellen C. Norman  
Ellen C. Freilinger  
Washington D.C.  
Rev. W. Norman  
Butcher  
Baltimore Md  
Theodore C. C. M.  
146 Hanover St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 9-27-54  
**RETURN OF A BIRTH.**

110068

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



*Howard Hurlong Cordray*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 25th 1880*  
4. Place of Birth (Street and Number) *27 Carrollton Ave.*  
5. Full Name of Mother *Julia E. Cordray*  
6. Mother's Maiden Name *Julia E. Sopher*  
7. Mother's Birthplace *Baltimore Co.*  
8. Full Name of Father *H. M. Cordray*  
9. Father's Occupation *Clerk*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return.  
Address *Dr. Russell M.D.  
27 Carrollton Ave.*  
Remarks *Child - Healthy*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



40069

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) male 2

2. Race or Color (if not of the white race) W

3. Date of Birth June 25. 1902

4. Place of Birth (Street and Number) 34 Perry

5. Full Name of Mother Alice Hamilton

6. Mother's Maiden Name E. Shore

7. Mother's Birthplace West Hamilton

8. Full Name of Father Wm. E. Shore

9. Father's Occupation Fireman

10. Father's Birthplace E. Shore

Name of Medical Attendant, or other Person who makes this Return. R. M. Eosman

Address 34 Perry

Remarks Triplets 347 E

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH, 110070

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 26<sup>th</sup> 1880



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 25<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 425 N Wolfe St

5. Full Name of Mother Mary Schneider

6. Mother's Maiden Name Mary Hess

7. Mother's Birthplace America

8. Full Name of Father John Schneider

9. Father's Occupation Shoemaker

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amant

Address 425 N Wolfe St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40071

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11<sup>th</sup> child

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25<sup>th</sup>

4. Place of Birth, (Street and Number)

Baltimore Co. Hookstown Station

5. Full Name of Mother,

Mary Oler

6. Mother's Maiden Name,

Curley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Oler

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Arnis M.D.

Address,

Co. Strickland & Pugh

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40072

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 25th 1880

4. Place of Birth (Street and Number)

512 W. Balto. St.

5. Full Name of Mother

Jessie Miller

6. Mother's Maiden Name

Jessie Snyder

7. Mother's Birthplace

York Co. Penn.

8. Full Name of Father

Lewis Miller

9. Father's Occupation

Clerk

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Schleifer

Address

# 20 Columbia St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

110073

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th  
 1. Sex (state whether male or female) male  
 2. Race or Color (if not of the white race) colored  
 3. Date of Birth June 26  
 4. Place of Birth (Street and Number) 258 Hugh St  
 5. Full Name of Mother Swanna Watts  
 6. Mother's Maiden Name Swanna Feent  
 7. Mother's Birthplace Colbert county  
 8. Full Name of Father Josiah Watts  
 9. Father's Occupation Sailor  
 10. Father's Birthplace Colbert county  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Lydia Porter  
 Address no 4 putpso avenue  
 Remarks healthy child

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 25<sup>th</sup> 1880

4. Place of Birth (Street and Number)

408<sup>th</sup> St. Henry St.

5. Full Name of Mother

Margaret Brady

6. Mother's Maiden Name

" Susan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Brady

9. Father's Occupation

Police Officer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

W. J. Leman

Address

435<sup>th</sup> St. Henry St.

Remarks

Live Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Birth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 25 1886*
4. Place of Birth (Street and Number) *no 28 Liberty Alley City*
5. Full Name of Mother *Bridget Conroy*
6. Mother's Maiden Name *Bridget Kelly*
7. Mother's Birthplace *Co Galway Ireland*
8. Full Name of Father *Thomas Kelly*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Co Galway Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah R. Wooden*
- Address *no 350 Aisquith Baltimore Md*
- Remarks *Healthy Child*

That any Physician, accouchoir, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 46

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth June 25. 1880

4. Place of Birth, (Street and Number) W. Lombard St. No. 233

5. Full Name of Mother Marceline Fickel

6. Mother's Maiden Name Stillman

7. Mother's Birthplace Braunschweig

8. Full Name of Father Heinrich Fickel

9. Father's Occupation Engineer

10. Father's Birthplace Hessen Hassel

Name of Medical Attendant, or other Person who makes this Return. Wm. J. H. M. M. M.

Address W. Lombard St. No. 14

Remarks Wm. J. H. M. M. M.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the ~~parent~~, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Baltimore*

4. Place of Birth (Street and Number) *1st St No 182*

5. Full Name of Mother *Anna Johnson*

6. Mother's Maiden Name *Anna Johnson*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Mathias Johnson*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary Hospital*

Address *69 Washington*

Remarks *Mary Hospital*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>  
Female

1. Sex (state whether male or female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

June 25, 1880

4. Place of Birth (Street and Number)

1416 N. Central Av.

5. Full Name of Mother

Ellen J. McBrinty

6. Mother's Maiden Name

Ellen J. Plunkett

7. Mother's Birthplace

Delaware

8. Full Name of Father

William McBrinty

9. Father's Occupation

Mechanic

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. H. Henck M.D.

Address

75 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 25 1880

4. Place of Birth (Street and Number)

506 Franklin

5. Full Name of Mother

Clara Simmons

6. Mother's Maiden Name

Clara Martin

7. Mother's Birthplace

Baltimore

8. Full Name of Father

W. J. Simmons

9. Father's Occupation

Jobber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. G. Knowles

Address

312 Lexington

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

June 25<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

500 E. Taw. St. Wm.

5. Full Name of Mother

Hate Burns

6. Mother's Maiden Name

Hashert

7. Mother's Birthplace

Pat Burns

City

8. Full Name of Father

Cooper

9. Father's Occupation

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bets

Address

245 E. Canton Ave

Remarks

Signature, whether and when or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 26 June '05
4. Place of Birth, (Street and Number) 98 Hanover St
5. Full Name of Mother Mabel M. Mack
6. Mother's Maiden Name " Gentlemen
7. Mother's Birthplace Baltimore
8. Full Name of Father Aug. Mack
9. Father's Occupation Printer
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mary Koch
- Address 328 South Central St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *25th June*

4. Place of Birth (Street and Number) *26 Park ave.*

5. Full Name of Mother *Catharine Anna*

6. Mother's Maiden Name *McNamis*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George A. King*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return. *Charles H. Smith*

Address *69 Cathedral St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

25<sup>th</sup> of June

4. Place of Birth (Street and Number)

# 268 Division st

5. Full Name of Mother

Mary Bradley

6. Mother's Maiden Name

7. Mother's Birthplace

Ireland

8. Full Name of Father

Frank Roy

9. Father's Occupation

Grocer

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Brady

Address

54 Cathedral St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 25th 1880

4. Place of Birth, (Street and Number) No 1 Oxford St

5. Full Name of Mother Mary Knell

6. Mother's Maiden Name Mary Bucher

7. Mother's Birthplace Baltimore and

8. Full Name of Father George Knell

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore and

Name of Medical Attendant, or other Person who makes this Return. Mrs. Annie Medanghi

Address 845 Penna on

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 25<sup>th</sup> 1880

4. Place of Birth (Street and Number)

203 Madison St.

5. Full Name of Mother

Olivia Kuhn

6. Mother's Maiden Name

" Ballinger

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

Robert M. Kuhn

9. Father's Occupation

Produce Dealer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Reynolds A. Winters

Address

175 Hanford Ave

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

8th  
Girl  
White  
25th June  
Phasant Allen  
Mary Vogeding Glock  
Mary Vogeding  
Hamburg  
Adam Glock  
Shoemaker  
Germany  
Mrs Mary E. Simms  
171 Washington St.

and any physician, midwife, or other person who makes this Return, shall also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5<sup>th</sup> child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June the 25<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *Bank Street near Choptank St*
5. Full Name of Mother, *Katie B. Flax*
6. Mother's Maiden Name, *Katie B. Bagendertse*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John v Flax*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary L. Simms*
- Address, *171 Washington Street*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *6*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *25. June*

4. Place of Birth (Street and Number) *Bethel Court No. 9*

5. Full Name of Mother *Elizabeth Moudany*

6. Mother's Maiden Name *Elizabeth Armstrong*  
*Baltimore*

7. Mother's Birthplace

8. Full Name of Father *Jerima Moudany*

9. Father's Occupation *Oysterman*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

*Elizabeth Moudana*

Address

*158 Durham St. betw.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *five children*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 23<sup>rd</sup> 1880*
4. Place of Birth (Street and Number) *No 299 North Eden St*
5. Full Name of Mother *Amie Sophia Burbage*
6. Mother's Maiden Name *Warner*
7. Mother's Birthplace *Baltimore M. C.*
8. Full Name of Father *John Emory Burbage*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Chertown M. C.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. H. Vayner M.D.*
- Address *18 Disquey St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 20/89

4. Place of Birth (Street and Number) 118 S Falkon St

5. Full Name of Mother Sarah Elizabeth Rose

6. Mother's Maiden Name Rose

7. Mother's Birthplace Hagerstown Md

8. Full Name of Father Dont Know

9. Father's Occupation " "

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Thomas O'Neil M.D.  
581 Lexington St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth  
Female

White

26<sup>th</sup> of June 1880

No 17 S. Cyeter Street

Mary Barrett

Mary Holland

Ireland

Michael Barrett

Shoemaker

Ireland

Mrs Eliza Flumming

No 15 Albemarle Street

City

Int any physician, accoucher, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *26th of June 1880.*
4. Place of Birth (Street and Number) *N. Eager St. No. 50.*
5. Full Name of Mother *Frederike Luke*
6. Mother's Maiden Name *Fred. Appel*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Hermann Luke*
9. Father's Occupation *Tailor*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Fred. Reft, M. D.*
- Address *32 N. Eager St.*
- Remarks



That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth June 26th 1880  
4. Place of Birth (Street and Number) Pitcher St No 3  
5. Full Name of Mother Mary Adelaide Reynolds  
6. Mother's Maiden Name Mary Adelaide Reynolds  
7. Mother's Birthplace Virginia  
8. Full Name of Father Walter Sewell  
9. Father's Occupation Carpenter  
10. Father's Birthplace Baltimore City  
Name of Medical Attendant, or other Person who makes this Return. L. C. Sparrow M.D.  
Address N. Sticker St No 427  
Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th,*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 26/80.*
4. Place of Birth (Street and Number) *108 Angell St.*
5. Full Name of Mother *Emma Kate Strong*
6. Mother's Maiden Name *Towson*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Geo. W. Strong*
9. Father's Occupation *M.S. Letter Carrier, P.M.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *N. R. Fetterhoff, M.D.*
- Address *205 W. Biddle St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st

Male

June 26<sup>th</sup>

249 E. Monument St

Police Wiley

" " Kiehl

Montgomery County Md

William W. Wiley

Booker

Frederick Virginia

Mrs. Oliver

286 E. Monument

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40096

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> 11/80  
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

Mulatto

3. Date of Birth,

June 26<sup>th</sup>

4. Place of Birth, (Street and Number)

Chaply St.

5. Full Name of Mother,

Simon Curtis

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Curtis

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

G. W. Jones M.D.  
Res. Itlick & Puntum

Address,

Remarks,

Test any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar inforec'd, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white.

3. Date of Birth

J. 26 Jan'y 1880.

4. Place of Birth (Street and Number)

Elliott St. 103. Baltimore.

5. Full Name of Mother

Emilie Bruster.

6. Mother's Maiden Name

Lilian Lahn

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Heinrich Bruster.

9. Father's Occupation

Dressmaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Anna Timmerman.

Address

8' Donnell St. 21.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant or other Person who makes this Return.

Address

Remarks

1st

Male

White

16 26 of June

16 S North Spring St

May May. Balaban

May Warner

Germany

Rupert Warner

Saper

Germany

Christina Saper

173 Harper St

1880

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 26<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *468 Light*

5. Full Name of Mother *Sarah E. North*

6. Mother's Maiden Name *Eda C. Dunning*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Wm. North*

9. Father's Occupation *Shipping Clerk*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke M.D.*

Address *146 Hanover St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, its full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40100

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

W

3. Date of Birth

June 26th 1894

4. Place of Birth (Street and Number)

40 Baker St

5. Full Name of Mother

Annie White

6. Mother's Maiden Name

Cavanaugh

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael White

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return

Lehas & Sattler M.D.

Address

649 Penna Ave

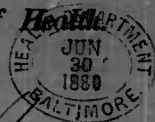
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4, 4th Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth June 26th 1880
4. Place of Birth, (Street and Number) 1012 31 Little Church St
5. Full Name of Mother Lulu Briggs
6. Mother's Maiden Name Quada
7. Mother's Birthplace America
8. Full Name of Father George Harrison
9. Father's Occupation Scottish
10. Father's Birthplace America
- Name of Medical Attendant or other Person who makes this Return. J. L. Harrison midwife
- Address 930 Hanover St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

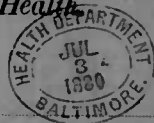
Remarks

1  
Female  
26 June 1880  
39 Jackson St.  
Florence E. Hare  
Bennett  
Baltimore Md  
H. L. Hare  
Draftsman  
Baltimore Md  
Mary Stein  
151 E Pratt St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

June 26th 1880

4. Place of Birth (Street and Number)

Baltimore City C & Hennetta st

5. Full Name of Mother

Mrs. Wagner

6. Mother's Maiden Name

Bones

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Wagner

9. Father's Occupation

Police Officer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Wm. M. M.

Address

42 Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

20<sup>th</sup> June 1880

4. Place of Birth (Street and Number)

408. Linvale

5. Full Name of Mother

Mary E. Seager

6. Mother's Maiden Name

" Waring

7. Mother's Birthplace

Virginia

8. Full Name of Father

Jno E. Seager

9. Father's Occupation

Bookkeeper

10. Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo B. Lupton  
1 Maunley Terrace

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

100105

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 26<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 64 Bruce St.

5. Full Name of Mother Margaret Cole

6. Mother's Maiden Name Bier

7. Mother's Birthplace Philadelphia Pa.

8. Full Name of Father Andrew J. Cole

9. Father's Occupation Liquor Dealer

10. Father's Birthplace Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. W. Christian, M.D.  
421 Reano Ave.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 26<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

27 E. Biddle St.

5. Full Name of Mother,

Birdie Gardener

6. Mother's Maiden Name,

Dulin

7. Mother's Birthplace,

Centerville Md.

8. Full Name of Father,

Wm. E. Gardener

9. Father's Occupation,

Sail Maker

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

C. C. Kunk M.D.

Address,

Balt. & Wash. Sts.

Remarks,

Natural

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White race

3. Date of Birth June 27<sup>th</sup> 1881

4. Place of Birth, (Street and Number) German College St.

5. Full Name of Mother Louisa Antoinette

6. Mother's Maiden Name Louisa Antoinette

7. Mother's Birthplace France

8. Full Name of Father Edw. J. Schlegel

9. Father's Occupation White printer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. J. B. Jones

Address 134 Light St.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth July 26, 1880

4. Place of Birth, (Street and Number) E. Pratt St. No. 342

5. Full Name of Mother Margaret Bell

6. Mother's Maiden Name Wetschel

7. Mother's Birthplace Hanover Co. N.H.

8. Full Name of Father John Bell

9. Father's Occupation Workman

10. Father's Birthplace Pratt

Name of Medical Attendant, or other Person who makes this Return. Wm. J. P. P. P. P. P.

Address L. W. P. St. No. 14

Remarks Wm. J. P. P. P. P.



notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 26 1880

4. Place of Birth, (Street and Number) Balt Oxford St No 71

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Talbot

7. Mother's Birthplace, Washington dc

8. Full Name of Father, John Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Mary A Dorsey 83 Oxford St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth *Born June 26<sup>th</sup>*
4. Place of Birth, (Street and Number) *Hanbury St*
5. Full Name of Mother *Lusia*
6. Mother's Maiden Name *Mitchel*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Louis*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Agnes Wilson*
- Address *719 Hanbury St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Second*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *May June 26*

4. Place of Birth, (Street and Number) *No 70 Clarits St*

5. Full Name of Mother *Mary James*

6. Mother's Maiden Name *Hollins*

7. Mother's Birthplace *Annapolis County*

8. Full Name of Father *Granville Collins*

9. Father's Occupation *Steam Boat*

10. Father's Birthplace *H. N. Ky*

Name of Medical Attendant, or other Person who makes this Return *Annette M. M. M.*

Address *319*

Remarks *Wasmburg*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> child*
1. Sex (state whether ~~male~~ or female) *Boy child*
2. Race or Color (if not of the white race) *White Jewish*
3. Date of Birth *26<sup>th</sup> of June 1880*
4. Place of Birth (Street and Number) *No. 84 Harrison Street*
5. Full Name of Mother *Esther Buckner*
6. Mother's Maiden Name *Esther Hornstein*
7. Mother's Birthplace *in Russia Poland*
8. Full Name of Father *Salomon Buckner*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *in Russia Poland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Rens G. G. G.*
- Address *84 Harrison Street Baltimore City*
- Remarks *Child is very healthy*  
*Dr. R. R. R.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

46113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 June

4. Place of Birth, (Street and Number)

55 E. Lombard

5. Full Name of Mother,

Bridget Harling

6. Mother's Maiden Name,

Martin

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Charl. Harling

9. Father's Occupation,

Workman

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who  
makes this Return.

Mrs Sara Casper

Address,

52 E Lombard

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*  
1. Sex (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth *June 26/1880*  
4. Place of Birth, (Street and Number) *83 Biddle St*  
5. Full Name of Mother *Mary Gallagher*  
6. Mother's Maiden Name *Mary Looenaght*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *William Gallagher*  
9. Father's Occupation *Cookman*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Mesnyck*  
Address *345 Penna av*  
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 26<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

172 Battery Av.  
Alice Catterton

5. Full Name of Mother,

Taylor

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Geo W. Catterton

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall. M.D.

Address,

152 Sharp St

Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 26<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *159 S. Charles*
5. Full Name of Mother, *Sophia Rose*
6. Mother's Maiden Name, *" Goldenberg*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jos. A. Rose*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who make this Return. *Dr. J. H. Tallant*
- Address, *152 Sharp St.*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

440117

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*

1. Sex (state whether Male or Female) *male.*

2. Race or Color (if not of the white race)

3. Date of Birth *26 of June.*

4. Place of Birth (Street and Number) *982 Madison.*

5. Full Name of Mother *Eliza Gennick*

6. Mother's Maiden Name *Eliza Gatt.*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Gennick*

9. Father's Occupation *labor.*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Shepherd & Schwane*

Address *57 Myerson street*

Remarks *Living & well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 26<sup>th</sup>
4. Place of Birth (Street and Number) 160 N. Eden St
5. Full Name of Mother Margaret L. Lunkens
6. Mother's Maiden Name Cunningham
7. Mother's Birthplace Balbo
8. Full Name of Father Charles L. Lunkens
9. Father's Occupation Boat-keeper
10. Father's Birthplace Maine
- Name of Medical Attendant, or other Person who makes this Return. J. J. [Signature]
- Address 187 Orleans St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 40119

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1<sup>st</sup>)
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Saturday 26<sup>th</sup> June 1880
4. Place of Birth, (Street and Number) No. 255 N. Wolfe St.
5. Full Name of Mother Miss Mary E. Johnson
6. Mother's Maiden Name Miss Mary E. Owens
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mr George M Johnson
9. Father's Occupation Cigar Maker
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendenen M.D.
- Address No 102 N Broadway
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *June 26th 1896*

4. Place of Birth (Street and Number) *49 Harrison str.*

5. Full Name of Mother *Helen Delnosky*

6. Mother's Maiden Name *Riemann*

7. Mother's Birthplace *Europe*

8. Full Name of Father *John Delnosky*

9. Father's Occupation *Redder*

10. Father's Birthplace *Europe*

Name of Medical Attendant, or other Person who makes this return *Mr. C. Bernstein.*

Address *1136 Lombard str.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 27<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *137 - Butler Alley*
5. Full Name of Mother *M. Schaffner*
6. Mother's Maiden Name *M. Bopp*
7. Mother's Birthplace *Germany*
8. Full Name of Father *J. Schaffner*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Catharina Horner*
- Address *N<sup>o</sup> 106 West st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 27/80

4. Place of Birth (Street and Number) 248 Chew St

5. Full Name of Mother Annie Zimmerman

6. Mother's Maiden Name Annie Kitcher

7. Mother's Birthplace City

8. Full Name of Father John F. Zimmerman

9. Father's Occupation Clerk

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. J. A. Wagner, M.D.

Address 248 25th St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether male or female*)

2. Race or Color (*if not of the white race*)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*June 2nd 1880.*  
*280 Taylor St.*  
*Elizabet M. Thompson.*  
*Norman M. Wilson.*  
*Baltimore City.*  
*John R. Messersmith.*  
*Coffin Maker.*  
*Baltimore City.*  
*John R. Messersmith.*  
*City.*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40124

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> 11/8

1. Sex, (state whether male or female).....

White

2. Race or Color, (if not of the white race).....

Female

3. Date of Birth,

June 27<sup>th</sup>

4. Place of Birth, (Street and Number)

13 Tourman

5. Full Name of Mother,

James Bishop

6. Mother's Maiden Name,

Irwell

7. Mother's Birthplace,

Baltimore St Broadway

8. Full Name of Father,

G. Bishop

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

G. W. Norris M.D.

Address,

Con. Chick & Reschman

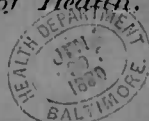
Remarks,



advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*  
1. Sex, (state whether male or female) *female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *27th 1880*  
4. Place of Birth, (Street and Number) *161 Central Ave*  
5. Full Name of Mother, *Rose Annigan*  
6. Mother's Maiden Name, *Lessler*  
7. Mother's Birthplace, *Baltimore Md*  
8. Full Name of Father, *Liter Annigan*  
9. Father's Occupation, *George Maacher*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return.  
Address, *Madame Ulling*  
Remarks, *48 Hollard Street*  
*Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2nd child
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth June 27 - 1882
4. Place of Birth, (Street and Number) 275 William St
5. Full Name of Mother Emma Gible
6. Mother's Maiden Name Heister
7. Mother's Birthplace America
8. Full Name of Father George Gible
9. Father's Occupation great maker
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. J. Johnson midwife
- Address 330 S. Conover St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Male*
  2. Race or Color (if not of the white race) *white*
  3. Date of Birth *June 27 1880*
  4. Place of Birth (Street and Number) *362 South Sharp St City*
  5. Full Name of Mother *Louisa Vogelwaid*
  6. Mother's Maiden Name *Louisa Martin*
  7. Mother's Birthplace *City*
  8. Full Name of Father *John Vogelwaid*
  9. Father's Occupation *Barber*
  10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *K. J. M. M. M.*
- Address *46 Cantonfull St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 27, 90

4. Place of Birth, (Street and Number) Green Port 1236

5. Full Name of Mother Elizabeth Dugan

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Martha Ann

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Maggie Ettel  
No 18 Calista Street  
Loosest Point

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

40129

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 27<sup>th</sup> 1880

4. Place of Birth (Street and Number)

120 Marlborough Ave

5. Full Name of Mother

Mary Parrish

6. Mother's Maiden Name

Mary F. Chaney

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. T. Parrish

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who make this Return.

Dr. J. H. Williams

Address

121 Marlborough Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twin Birth, Girl & Boy*  
10 & 11. *Girl 13 years old*  
1. Sex (state whether Male or Female) *Male & Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *June 27<sup>th</sup> 1880.*  
4. Place of Birth (Street and Number) *28 S. Smith - St.*  
5. Full Name of Mother *Margaret Brown*  
6. Mother's Maiden Name *McNally*  
7. Mother's Birthplace *Richmond Virginia*  
8. Full Name of Father *John Brown*  
9. Father's Occupation *Mechanic*  
10. Father's Birthplace *Balto. Md.*  
Name of Medical Attendant, or other Person who makes this Return. *J. Shotton Hill M.D.*  
Address *432 W. Fayette St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24<sup>th</sup> June 1880.*
4. Place of Birth (Street and Number) *No 11 Clay Street -*
5. Full Name of Mother *Mary Marcelette*
6. Mother's Maiden Name *May Harrington*
7. Mother's Birthplace *Annapolis*
8. Full Name of Father *Charles Bonitus Richard Marcelette,*
9. Father's Occupation *Cook at Carver's Hotel*
10. Father's Birthplace *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return *Ellen Stubbs*
- Address *No 32 Sharp Street ally.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 27/80

4. Place of Birth (Street and Number)

406 Saratoga

5. Full Name of Mother

Mary Jane Conliden

6. Mother's Maiden Name

McLean

7. Mother's Birthplace

Balto. City, Md.

8. Full Name of Father

Joseph Conliden

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth January 27, 1880
4. Place of Birth, (Street and Number) W. Manchester, No 1
5. Full Name of Mother Mary Ann Graft
6. Mother's Maiden Name Street
7. Mother's Birthplace Balt.
8. Full Name of Father Joseph Graft
9. Father's Occupation Electrician
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this return. Wm. J. M. M. M.
- Address St. William's M. M.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth 27 June

4. Place of Birth (Street and Number) 25 Hartree St

5. Full Name of Mother Mary Carmichael

6. Mother's Maiden Name Mary Haver

7. Mother's Birthplace Ireland

8. Full Name of Father Samuel Carmichael

9. Father's Occupation Wood Carlbom

10. Father's Birthplace Berrie City

Name of Medical Attendant, or other Person who makes this Return.

Address 3 E. Thurgate

Remarks 24 August 1880

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40186

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 27<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

258 N. Gilman

5. Full Name of Mother

Ida E. Hunichen

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Mo

8. Full Name of Father

Albert S. Hunichen

9. Father's Occupation

D. D. S.

10. Father's Birthplace

Mo

Name of Medical Attendant, or other Person who makes this Return.

R. L. Lee

Address

Hammond Barr St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 40187

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
27 of June 1880  
190 Fiskville  
Annie E. McCarry  
Annie Keight  
Frederick E. McCarry  
Charles Keight  
Carpenter  
George W. McCarry  
Mary W. McCarry  
12 W. Madison  
B. McCarry

See Return of Birth Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40138

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 27<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *17 Hulls Lane*
5. Full Name of Mother *Latta Calhoun*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Harriet Jackson*
- Address *# 5 Garrett St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second ok*
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *W*
3. Date of Birth *June 27, 1880*
4. Place of Birth (Street and Number) *77 St Paul "*
5. Full Name of Mother *Lusette Harris*
6. Mother's Maiden Name *Lusette Harris*
7. Mother's Birthplace *N York*
8. Full Name of Father *Henry Harris*
9. Father's Occupation *mercantile agent*
10. Father's Birthplace *N York*
- Name of Medical Attendant, or other Person who makes this Return. *J H Patton M.D.*
- Address *25 Franklin*
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 27 June 1880

4. Place of Birth, (Street and Number) 425 Lombard St

5. Full Name of Mother Elizabeth Jackson

6. Mother's Maiden Name E. Snuffin

7. Mother's Birthplace Camden, N.J.

8. Full Name of Father Edmund Snuffin

9. Father's Occupation Labr

10. Father's Birthplace Irish

Name of Medical Attendant, or other Person who makes this Return. Doan W. Walker

Address No 70 Chesnut, Md

Remarks Mother had child long before

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second
1. Sex (state whether male or female) Male child
2. Race or Color, (if not of the white race) Celtic
3. Date of Birth 27 of June
4. Place of Birth, (Street and Number) Peperson st. No 44
5. Full Name of Mother Anna Bonas
6. Mother's Maiden Name Anna Ringgold
7. Mother's Birthplace Baltimore Md
8. Full Name of Father pastor John Bond
9. Father's Occupation Baltimore Md
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Harriet Britton
- Address c/o 78 of Bethel st
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *27<sup>th</sup> of June*
4. Place of Birth (Street and Number) *328 N. E. Allen*
5. Full Name of Mother *Lusan Lums*
6. Mother's Maiden Name *Forsyth*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John Lums*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Gandy*
- Address *364 Cathedral St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) wht

3. Date of Birth 27 June 1880

4. Place of Birth (Street and Number) 37 Linden ave

5. Full Name of Mother Virginia Carter

6. Mother's Maiden Name " Myers

7. Mother's Birthplace Md

8. Full Name of Father Jno M. Carter

9. Father's Occupation Government Employee

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. G. Lane Dancykell

Address 129 W. Middle St

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3d Child*

1. Sex, (state whether male or female)...

*female*

2. Race or Color, (if not of the white race)

*white*

3. Date of Birth,

*June the 27th 1880*

4. Place of Birth, (Street and Number)

*No 98 duncan alley*

5. Full Name of Mother,

*Aggata Bent*

6. Mother's Maiden Name,

*Aggata Hoch*

7. Mother's Birthplace,

*Germany*

8. Full Name of Father,

*John Bent*

9. Father's Occupation,

*Bar. Keeper*

10. Father's Birthplace,

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Mary L Gimms*

Address,

*171 South Washington Street*

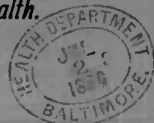
Remarks,

Like any other child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 27<sup>th</sup> 1880

4. Place of Birth (Street and Number)

235 Forest St.

5. Full Name of Mother

Sarah West

6. Mother's Maiden Name

Sarah - Bessie

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

Samuel West

9. Father's Occupation

Laborer

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Silas W. Hunter

Address

36 Greenmt Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 29th 1880

4. Place of Birth (Street and Number)

Brown Street Hudson

5. Full Name of Mother

Mary Reagan

6. Mother's Maiden Name

Brantman

7. Mother's Birthplace

Balto Ind.

8. Full Name of Father

Thomas Reagan

9. Father's Occupation

Miller

10. Father's Birthplace

Balto Ind.

Name of Medical Attendant, or other Person who makes this Return.

E. Jones Williams M.D.

Address

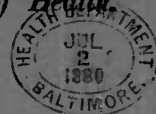
17 Calvert St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 21<sup>st</sup> 1880
4. Place of Birth, (Street and Number) Castell St. no. 100
5. Full Name of Mother Louisa G. Herman
6. Mother's Maiden Name Louisa Sunderman
7. Mother's Birthplace Germany
8. Full Name of Father Frank G. Herman
9. Father's Occupation Bookbinder
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Sequist
- Address 101 St. E. Monument St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE, CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *27th June 81*

4. Place of Birth (Street and Number) *13 Sincision St*

5. Full Name of Mother *Elizabeth Lindau*

6. Mother's Maiden Name *Elizabeth Allgois*

7. Mother's Birthplace *Prussia*

8. Full Name of Father *Mathias Lindau*

9. Father's Occupation *Hotel Keeper*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this Return. *W. McNeil M.D.*

Address *87 N. Greene St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *27th June 80*
4. Place of Birth (Street and Number) *19 Stollary St*
5. Full Name of Mother *Margaret Edlin*
6. Mother's Maiden Name *Margaret Heath*
7. Mother's Birthplace *Ind*
8. Full Name of Father *Luke Edlin*
9. Father's Occupation *Carter*
10. Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Miller M.D.*
- Address *87 W. Preston St*
- Remarks



# RETURN OF A BIRTH, 40150

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 27. 1880

4. Place of Birth, (Street and Number) No. 213. E. Central av.

5. Full Name of Mother Margreta Scharragle

6. Mother's Maiden Name " Bang

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Scharragle

9. Father's Occupation Cigar maker

10. Father's Birthplace Ostreich Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt.

Address No. 185. S. E. cor Central av. & Monument St.

Remarks Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 27/80

4. Place of Birth, (Street and Number)

336 East. av.

5. Full Name of Mother,

Emilia Vogel

6. Mother's Maiden Name,

" Lehmann

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

John Vogel

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. W. Mansfield

Address,

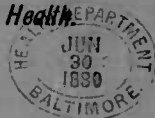
117 S. Broadway

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the child's physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Male

White

28 June 1880

2977 Altemarle Street

Annie C. Sweetser

Annie C. Linsy

Baltimore City

Daniel H. Sweetser

Mariner

Falmouth, Maine

Mrs. Oliver Hemming

2975 Altemarle Street

(City)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *June 28<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *1275 Henrietta St.*
5. Full Name of Mother *Louise Charlotta Heingerling*
6. Mother's Maiden Name *L. M. Schlemmer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Augustus Heingerling*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Briedschopp, Prussia, Hessen (Germany)*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife*
- Address *1275 Henrietta St. 42 Lombard St.*
- Remarks

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

401571-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 28 1881

4. Place of Birth, (Street and Number) 205 Bank st

5. Full Name of Mother Margaret Bryan

6. Mother's Maiden Name Margaret Kennedy

7. Mother's Birthplace Virginia

8. Full Name of Father Fredrick M Bryan

9. Father's Occupation Clerk

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this return. Mary corner 153

Address Collington Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *5*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 28*
4. Place of Birth (Street and Number) *Baltimore Ridgely St. 117 115*
5. Full Name of Mother *Lurah Ann March*
6. Mother's Maiden Name *Lurah Ann Reed*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William March*
9. Father's Occupation *wood blowing*
10. Father's Birthplace *Boston*
- Name of Medical Attendant, or other Person who makes this return *Chas. M. Shaffer*
- Address *117 Ridgely St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th.

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

June, 28th 1880

4. Place of Birth (Street and Number)

Peabody Institute

5. Full Name of Mother

Clara Comella

6. Mother's Maiden Name

Clara Hub

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Antonio Comella

9. Father's Occupation

Janitor Peabody Institute

10. Father's Birthplace

Sicily.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Southerfield

Address

No 238 Franklin

Remarks

Cal

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 28, 1880*  
 4. Place of Birth (Street and Number) *13 August St.*  
 5. Full Name of Mother *Elizabeth Green Cochran*  
 6. Mother's Maiden Name *Elizabeth Green Pondleton*  
 7. Mother's Birthplace *Maryland*  
 8. Full Name of Father *Perley W. Cochran*  
 9. Father's Occupation *Clerk*  
 10. Father's Birthplace *Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *D. W. Honeck M.D.*  
 Address *75 C. Baltimore St.*  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 34
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 7 1880
4. Place of Birth, (Street and Number) 740 Baltimore St
5. Full Name of Mother May E. Waljean
6. Mother's Maiden Name Mary E. Kirby
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Waljean
9. Father's Occupation Plaster
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this return. Mary W. Allen
- Address 125 Mcawley
- Remarks Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *28 June*

4. Place of Birth (Street and Number) *200 Garrison St*

5. Full Name of Mother *Ellen Brock*

6. Mother's Maiden Name *" " Circular*

7. Mother's Birthplace *Balt.*

8. Full Name of Father *Wm. Brock*

9. Father's Occupation *Harbor Master*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Josephine Hammond*

Address *200 Garrison St*

Remarks

# RETURN OF A BIRTH,

40160  
CWE

to the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, etc.)

State whether male or female

Male

Color, (if not of the white race)

White

Date of Birth

June 28th 1880

Place of Birth, (Street and Number)

30 Pearl St

Name of Mother

Kate A. (Higich) Udich

Mother's Maiden Name

Blumenauer

Mother's Birthplace

Baltimore

Name of Father

C. John (Higich) Udich

Father's Occupation

Merchant Sailor

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. M. H. H. H.

582 N. Wolfe St

Signature

# RETURN OF A BIRTH, 111169

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 28<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

No 68 N. Schroeder St.

5. Full Name of Mother

Maggie Lang

6. Mother's Maiden Name

Walter Sneyer

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Heaven Lang

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant

or other Person who makes this Return.

Address

Anna Dunsler 60 Schroeder

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their phy-  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's  
name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female healthy

2. Race or Color, (if not of the white race)

white

3. Date of Birth

born on the 28<sup>th</sup> of June 1880

4. Place of Birth, (Street and Number)

2 Calverton Road

5. Full Name of Mother

Miss Fulkonski

6. Mother's Maiden Name

Miss Skirshski

7. Mother's Birthplace

born in West Russia

8. Full Name of Father

August Fulkonski

9. Father's Occupation

laborer

10. Father's Birthplace

West Russia

Name of Medical Attendant, or other Person who makes this Return.

Miss Miller

Address

107<sup>th</sup> West Pratt St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

40168

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 28<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *Harford Avenue 10*
5. Full Name of Mother *Anne Dobbins*
6. Mother's Maiden Name *Anne Fleming*
7. Mother's Birthplace *Scotia*
8. Full Name of Father *James M. Dobbins*
9. Father's Occupation *Police Officer*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin*

Address *124 N. Euter*

Remarks

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 28<sup>th</sup>

4. Place of Birth, (Street and Number) Baltimore No 70 Queen St

5. Full Name of Mother Annie M. Spence

6. Mother's Maiden Name Wolford

7. Mother's Birthplace Baltimore

8. Full Name of Father John Spence

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. W. L. Wilson

Address 319 Chamber St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Monday, June 28<sup>th</sup> 1880
4. Place of Birth (Street and Number) 15 N. Frederick St
5. Full Name of Mother Catharine Gieger
6. Mother's Maiden Name Kahant
7. Mother's Birthplace N. Y. City
8. Full Name of Father Erasmus Gieger
9. Father's Occupation Publisher of Papers
10. Father's Birthplace State of Prussia, Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. John W. G. Gieger
- Address 26 E. Pratt St Baltimore
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 28 1880

4. Place of Birth, (Street and Number) No 2 Parish alley

5. Full Name of Mother Egite Smith

6. Mother's Maiden Name Ratie Polz

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Frederick Smith

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Messing

Address 345 Penna av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 28, 1880
4. Place of Birth (Street and Number) 64 Johnson St
5. Full Name of Mother Kate Johnson
6. Mother's Maiden Name Kate Lockman
7. Mother's Birthplace Baltimore
8. Full Name of Father Lamuel Johnson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

110168

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 10<sup>th</sup> Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June the 28<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

No 249 arge Street

5. Full Name of Mother,

Margret Hess Smith

6. Mother's Maiden Name,

Margra Hess

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Smith

9. Father's Occupation,

engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Mary L Simms

Address,

171 S. Washington Street

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40169

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

June 28<sup>th</sup> 1880

4. Place of Birth (Street and Number)

William Street No. 236

5. Full Name of Mother

Annie Eckert

6. Mother's Maiden Name

Annie Gerbrich

7. Mother's Birthplace

Baltimore city md

8. Full Name of Father

John Eckert

9. Father's Occupation

Engineer on B. & O. R. R.

10. Father's Birthplace

Baltimore md

Name of Medical Attendant, or other Person who makes this Return.

Elysebeth Hinton

Address

Fort Ave No. 121

Remarks

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40170

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 28/80

4. Place of Birth (Street and Number)

41 Miller St

5. Full Name of Mother

Sophie Hunter

6. Mother's Maiden Name

" Hallerman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Howard Hunter

9. Father's Occupation

Carpenter

10. Father's Birthplace

Highgate, Pa

Name of Medical Attendant, or other Person who makes this Return.

Edmund P. Devore

Address

133 7th Ave St

Remarks

Primipara with about 1/2 months which lived  
37 hours.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Brown complexion*
3. Date of Birth *June 28<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *71 Wainwright St.,*
5. Full Name of Mother *Isabel Caplen*
6. Mother's Maiden Name *" Sister*
7. Mother's Birthplace *Montgomery Co Md*
8. Full Name of Father *Thomas Caplen*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Montgomery Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address *6 Hamilton St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40172

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *June 28 1880*

4. Place of Birth (Street and Number) *413 African na st*

5. Full Name of Mother *catherin conner*

6. Mother's Maiden Name *catherin mackwilliams*

7. Mother's Birthplace *Baltimore city*

8. Full Name of Father *william mackwilliams*

9. Father's Occupation *laborer*

10. Father's Birthplace *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return. *Rachel murray Garrett*

Address *65 Burke St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan 9<sup>th</sup> 1880
4. Place of Birth, (Street and Number) No 1114 Liberty St
5. Full Name of Mother Marie Thamel
6. Mother's Maiden Name Marie Ballman
7. Mother's Birthplace Balto
8. Full Name of Father Joseph Thamel
9. Father's Occupation Confector
10. Father's Birthplace Martinsburg, W. Va
- Name of Medical Attendant, or other Person who makes this Return. John H. Thamel
- Address 105 E. Broadway
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *June 28<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *No 728 Hanover St*  
 5. Full Name of Mother *Eliza L. Cook*  
 6. Mother's Maiden Name *do do Fisher*  
 7. Mother's Birthplace *Virginia*  
 8. Full Name of Father *George E. Cook*  
 9. Father's Occupation *Brakeman on B & O R R*  
 10. Father's Birthplace *Howard Co. Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Elizabet Hinton*  
 Address *East Ave No 121*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40175

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2 d.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 28 1830

4. Place of Birth, (Street and Number) 168 E. Madison St.

5. Full Name of Mother Lisabeth Eigenberg

6. Mother's Maiden Name L. Speck

7. Mother's Birthplace Germane

8. Full Name of Father August Eigenberg

9. Father's Occupation Booker

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 E. Bond St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 40176

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 2 8th 1886
4. Place of Birth, (Street and Number) Baltimore Gilmore St. 11, 21
5. Full Name of Mother State Walters
6. Mother's Maiden Name Denrick
7. Mother's Birthplace Baltimore
8. Full Name of Father Amrose Walters
9. Father's Occupation Signer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other person who makes this return. Wm. C. Northolt
- Address 411 140 Ramsey St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Born on Saturday June 26*
1. Sex (state whether Male or Female) *girl*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Stockholm street*
4. Place of Birth (Street and Number)
5. Full Name of Mother *Lizer Lane marelock*
6. Mother's Maiden Name *Lizer Jane Mills*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm Henry marelock*
9. Father's Occupation *Laborer man*
10. Father's Birthplace *Cambridge*
- Name of Medical Attendant, or other Person who makes this Return *Lerinie Mills*
- Address
- Remarks *No 46 Stockholm  
all doing well*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar not less than within six days thereafter, signing distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 child*  
1. Sex, (state whether male or female) *male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *29 June 1880*  
4. Place of Birth, (Street and Number) *92 Somerset Street*  
5. Full Name of Mother, *Clara Brichmeyer*  
6. Mother's Maiden Name, *Peters*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Joseph Brichmeyer*  
9. Father's Occupation, *Moulder*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return.  
Address, *Madame Alling*  
Remarks, *48 Holland Street*

*Baltimore*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Kind*  
 1. Sex, (state whether male or female) *Mädchen*  
 2. Race or Color, (if not of the white race) *Weiß*  
 3. Date of Birth, *geboren den 29<sup>ten</sup> June*  
 4. Place of Birth, (Street and Number) *N<sup>o</sup> 196 Canton St*  
 5. Full Name of Mother, *Tina Schreiner*  
 6. Mother's Maiden Name, *Tina Schmidt*  
 7. Mother's Birthplace, *Deutschland*  
 8. Full Name of Father, *Friedrich Schreiner*  
 9. Father's Occupation, *Bleckschmidt*  
 10. Father's Birthplace, *Deutschland*  
 Name of Medical Attendant, *Friederike Kaufmann*  
 Address, *N<sup>o</sup> 197 L. Dallow St*  
 Remarks, *Hemorrh*

That any person, secretary, registrar, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 30th 1880*

4. Place of Birth (Street and Number) *271 Bank St*

5. Full Name of Mother *Sophia Barber*

6. Mother's Maiden Name *Sophia Riggle*

7. Mother's Birthplace *Kentucky*

8. Full Name of Father *Richard Barber*

9. Father's Occupation *Corn Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *J. L. McKim*

Address *17 E. Brady*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

71 S. Callington Ave.

5. Full Name of Mother,

Ellen McClerking

6. Mother's Maiden Name,

Charles J

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jas. McClerking

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Schawan Co. Penn.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

E. B. Britton M.D.  
30 S. Broadway





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *29 of June*
4. Place of Birth (Street and Number) *Baltimore street. 938*
5. Full Name of Mother *Louise Wehage*
6. Mother's Maiden Name *Louise Winter*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry H. Wehage*
9. Father's Occupation *Teacher and Organist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *M. McIntire*
- Address *85 Monroe street*
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

June 29<sup>th</sup> 1880  
Balto 8 Chas St 437  
Susanna A Heil  
" " Lazo  
Balto Maryland  
Charles F Heil  
Shoe Cutter  
U S A  
J Ridgway Andrews  
121 E Balto md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Five  
Male.

White

29th June 1880

N: 715 Exeter St.

Jennie Cunningham

Jennie Henshaw.

Baltimore City.

John Cunningham

Can maker

Baltimore City

Mrs Olga Hemming's

N: 95 Albemarle Street

City.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 2<sup>nd</sup> 1880

4. Place of Birth (Street and Number)

195 Edinunson St

5. Full Name of Mother

Elora Davis

6. Mother's Maiden Name

Elora Strausbaugh

7. Mother's Birthplace

Balt

8. Full Name of Father

Harry L. Davis

9. Father's Occupation

Salesman

10. Father's Birthplace

Balt

Name of Medical Attendant, or other person who makes this Return.

Samuel J. Powell MD

Address

No 29 Asquith St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40156

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *29 June*

4. Place of Birth (Street and Number) *128 Thomas St.*

5. Full Name of Mother *Mary Kordunska*

6. Mother's Maiden Name *" Zygar*

7. Mother's Birthplace *Polen*

8. Full Name of Father *Michael Zygar*

9. Father's Occupation *Laber*

10. Father's Birthplace *Polen*

Name of Medical Attendant, or other Person who makes this Return. *Cecilia Zygar*

Address *128 Thomas Street*

Remarks *very well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 29<sup>th</sup> 1880

4. Place of Birth (Street and Number)

38 E. Madison Ave

5. Full Name of Mother

Julie Lutz

6. Mother's Maiden Name

" Gerkins

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Peter Lutz

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. J. Langer

Address

435 N. McHenry St.

Remarks

First Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 29<sup>th</sup> 1886*

4. Place of Birth (Street and Number) *N. 3 Male Street*

5. Full Name of Mother *Louisa Lee*

6. Mother's Maiden Name *Louisa Mearns*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Lee*

9. Father's Occupation *Driver & Haring Stable*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Elizabeth Schmitt*

Address *No 476 Penna Ave*

Remarks

That any physician, seconchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Ma's or Female) male  
2. Race or Color (if not of the white race) white  
3. Date of Birth June 29th 1880  
4. Place of Birth (Street and Number) 584 Argonne St  
5. Full Name of Mother Martha Brown  
6. Mother's Maiden Name Martin  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Timothy Brown  
9. Father's Occupation Architect  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. W. B. Billingsley  
Address Has for Dr. C. C. Bidder  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *29 of June*
4. Place of Birth (Street and Number) *No 552 N. William St.*
5. Full Name of Mother *Sarah Ratman*
6. Mother's Maiden Name *Sarah Kayungart*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Ratman*
9. Father's Occupation *Printer*
10. Father's Birthplace *Bussia*
- Name of Medical Attendant, or other Person who makes this Return. *Sarina Griebner*
- Address *No. 122 West St.*
- Remarks

THE RECORDS OF THIS BUREAU ARE THE PROPERTY OF THE BOARD OF HEALTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, send, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40191

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *June 29 - 1880*
4. Place of Birth (Street and Number) *298 E. Pratt St*
5. Full Name of Mother *Mary Elizabeth*
6. Mother's Maiden Name *Lordon*
7. Mother's Birthplace *City*
8. Full Name of Father *John Valiant*
9. Father's Occupation *Clerk*
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. *W. R. Sullivan M.D.*
- Address *Cor. Carrollton Ave & Laureate St*
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 29 of June 1880
4. Place of Birth, (Street and Number) 167 Eden St.
5. Full Name of Mother L. Hochadel
6. Mother's Maiden Name L. Loeber
7. Mother's Birthplace Bavaria
8. Full Name of Father James A. Hochadel
9. Father's Occupation Balder
10. Father's Birthplace Bavaria City
- Name of Medical Attendant, or other Person who makes this Return. Mary Mason
- Address 124 N. Calver St.
- Remarks Balw City

True Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40193

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *10th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *29 June 1880*
4. Place of Birth (Street and Number) *35 Maerke St.*
5. Full Name of Mother *Elise Rott*
6. Mother's Maiden Name *Elise Pfleuger*
7. Mother's Birthplace *Preussisch (Germany)*
8. Full Name of Father *Henry Rott*
9. Father's Occupation *Wheelwright*
10. Father's Birthplace *Neuchâtel Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Edw. H. Johnson M.D.*
- Address *120 Pearl St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 29<sup>th</sup> of June
4. Place of Birth, (Street and Number) Saratoga St. (Alt 407.)
5. Full Name of Mother Sassanna Bachner
6. Mother's Maiden Name Stell
7. Mother's Birthplace Gran. Luth. Baden
8. Full Name of Father John C. Bachner
9. Father's Occupation Schneemaker
10. Father's Birthplace Gran. Luth. Saxen.
- Name of Medical Attendant, or other Person who makes this Return. Anna Dummle 60 Schroter
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex (*state whether male or female*)
2. Race or Color (*if not of the white race*)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

110195  
June 29<sup>th</sup> 1880  
172 Arlington Ave.  
Eliza Carr.  
Eliza Walter  
Cumberland, Md.  
Lewis A. Carr.  
Clerk  
Howard Cox, M.D.  
John J. C. Hagedorn  
" " " " " "  
Eng.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *29th of June*
4. Place of Birth (Street and Number) *34 Madison Alley*
5. Full Name of Mother *Elizabeth Dudley*
6. Mother's Maiden Name *Coulter*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Christopher Dudley*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*
- Address *369 Cathedral St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *29 June*
4. Place of Birth, (Street and Number) *113 Albermarle*
5. Full Name of Mother, *Henriette Pole*
6. Mother's Maiden Name, *Ritter*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Robert Pole*
9. Father's Occupation, *workingman*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah Casper*
- Address, *52 E. Lombard*
- Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 June

4. Place of Birth, (Street and Number)

3 Little Second

5. Full Name of Mother,

Lizzie Medin

6. Mother's Maiden Name,

Mc Divan

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Samuel Medin

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Para Casper

Address,

52 E Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Monday June 29th 1880

4. Place of Birth (Street and Number)

377 Penn Place

5. Full Name of Mother

Blanch Singall

6. Mother's Maiden Name

Blanch Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James H. Singall

9. Father's Occupation

Drummer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Brinton M.D.

Address

25 1/2 Greenmount Ave

Remarks "Very Presentation"

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3  
2. Male  
White  
June 29, 1880  
264 Battery Ave Baltimore  
Sarah G. Langhler  
" " Hawkins  
Baltimore  
Jacob G. Langhler  
Brick maker  
Baltimore  
Mrs Ann Nash

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 29 1880
4. Place of Birth, (Street and Number) East Monument St near 1st
5. Full Name of Mother Alice Taylor
6. Mother's Maiden Name Alice Sunderland
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Samuel Taylor
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Stamanda McCarine
- Address 275 East Monument St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

4020

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth June 29 1880  
 4. Place of Birth, (Street and Number) 378 East Monument St.  
 5. Full Name of Mother Annie T. Wallace  
 6. Mother's Maiden Name Annie T. Marine  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father George W. Wallace  
 9. Father's Occupation Painter  
 10. Father's Birthplace Baltimore Md  
 Name of Medical Attendant, or other Person who makes this return. Amanda Marine  
 Address 378 East Monument St  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41203

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth June 29th. 1880.  
4. Place of Birth, (Street and Number) No. 184. Madison St.  
5. Full Name of Mother Annie Connell  
6. Mother's Maiden Name Annie Devlin  
7. Mother's Birthplace Baltimore  
8. Full Name of Father John Connell  
9. Father's Occupation Carpenter  
10. Father's Birthplace Bedford county  
Name of Medical Attendant, or other Person who makes this Return Mrs. M. A. Ball  
Address No. 185. N.E. cor. Central av & Monument St.  
Remarks All Well.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40204

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> Child*

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 29. 1880*
4. Place of Birth, (Street and Number) *James St. N. 4. 116.*
5. Full Name of Mother, *Auguste Nolte*
6. Mother's Maiden Name, *Auguste Wuncke*
7. Mother's Birthplace, *Teplitzburg. P. Prussen. Germany*
8. Full Name of Father, *German Nolte*
9. Father's Occupation, *Cigarren maker*
10. Father's Birthplace, *Hannover. P. Prussen. Germany*

Name of Medical Attendant, or other Person who makes this report *Mary E. Miller*

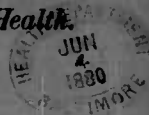
Address, *4 Dallas St. N. 4. 26.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 30 June
4. Place of Birth, (Street and Number) 353 Central av
5. Full Name of Mother Kathern Labre
6. Mother's Maiden Name Kathern Krieger
7. Mother's Birthplace Baltimore
8. Full Name of Father John Labre
9. Father's Occupation Labre
10. Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return. Mary Walter
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40206

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Celard*

3. Date of Birth *Born June 30th*

4. Place of Birth, (Street and Number) *Baltimore 191 Lombard*

5. Full Name of Mother *Emma Young*

6. Mother's Maiden Name *Covender*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Alfred Young*

9. Father's Occupation *Preacher*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this report. *Arthur Wilkes*

Address *312 Lombard St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, &c.)  
1. Sex, (state whether male or female)  
2. Race or Color, (if not of the white race)  
3. Date of Birth, June 20, 1880  
4. Place of Birth, (Street and Number) 434 E. Eager St.  
5. Full Name of Mother, Alice J. A. Kemp  
6. Mother's Maiden Name, Roby  
7. Mother's Birthplace, Balto.  
8. Full Name of Father, Clarence M. Kemp  
9. Father's Occupation, Manufacturer  
10. Father's Birthplace, Balto.  
Name of Medical Attendant, or other Person who makes this Return, W. M. White, M.D.  
Address, 347 N. Broadway  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 40208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female) .....
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *June the 30. 1880*
  4. Place of Birth, (Street and Number) *S. Bond St. No 280*
  5. Full Name of Mother, *Julie Jerscheid*
  6. Mother's Maiden Name, *Julie Lamm*
  7. Mother's Birthplace, *Balt<sup>y</sup> City*
  8. Full Name of Father, *Christian Jerscheid*
  9. Father's Occupation, *Laborer*
  10. Father's Birthplace, *Balt<sup>y</sup> City*
- Name of Medical Attendant, or other Person who makes this Report, *Mary E. Miller*  
Address, *N. Dallas St. No 26*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 40209

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June. the 30. 1880.*
4. Place of Birth, (Street and Number) *S. Bond St. N<sup>o</sup> 100.*
5. Full Name of Mother, *Nancy Freeman*
6. Mother's Maiden Name, *Nancy White*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *William Freeman*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this return

Address, *N. Dallas St. N<sup>o</sup> 26*

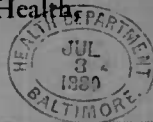
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40210

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

June 30<sup>th</sup> 1880

4. Place of Birth (Street and Number)

No 437 E Chase Balto Md

5. Full Name of Mother

Hannah D. Stoddard

6. Mother's Maiden Name

Hannah D. Gage

7. Mother's Birthplace

Balto Maryland

8. Full Name of Father

Roland L. Stoddard

9. Father's Occupation

Brass Finisher

10. Father's Birthplace.

Balto Md

Name of Medical Attendant, or other Person who makes this return

J. Ridgway Andrews M.D.

Address

No 121 E Balto Md

Remarks

THE SECRETARY OF THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *With*
3. Date of Birth *June 30<sup>d</sup> 1880*
4. Place of Birth (Street and Number) *No. 14 Russell Street*
5. Full Name of Mother *Lena Haß*
6. Mother's Maiden Name *A. Müller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Ferdinand Haß*
9. Father's Occupation *Piano-Maker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return *R. Minch*
- Address *No. 1 Lettonhale Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40212

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) - *Second*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *30<sup>th</sup> June*  
 4. Place of Birth (Street and Number) *186 German Street*  
 5. Full Name of Mother *Emmie Dickelberg*  
 6. Mother's Maiden Name *Emmie Mellescheimer*  
 7. Mother's Birthplace *Balto*  
 8. Full Name of Father *Wm. Dickelberg*  
 9. Father's Occupation *Clark*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *A. Friedman, M.D.*  
 Address *88 N. Euston Street*  
 Remarks *Normal labor*

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40213

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 30<sup>th</sup> 1880

4. Place of Birth (Street and Number) 84 Williams St

5. Full Name of Mother Elizabeth Becht

6. Mother's Maiden Name 2 North

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo. T. Coak

9. Father's Occupation Merchant

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H. H.

Address 121 Williams St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex (state whether Male or Female)...

2. Race or Color (if not of the white race)...

3. Date of Birth...

4. Place of Birth (Street and Number)...

5. Full Name of Mother...

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who  
makes this Return.

Address

Remarks

Fourth,  
Female  
White  
June 30<sup>th</sup> 1880  
392 Franklin St.  
Isabel McHary  
Jamison  
Balto. City, Md.  
Wm. McHary  
Restaurant-keeper  
Balto. City  
Louie McKnight M. D.  
112 N. Greene

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

110215

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *9*

1. Sex (state whether Male or Female)

*male*

2. Race or Color (if not of the white race)

*color*

3. Date of Birth

*June 30 1880*

4. Place of Birth (Street and Number)

*Hamburg St no 204*

5. Full Name of Mother

*Sarah C Meredith*

6. Mother's Maiden Name

*Sarah C Chest*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*John W Meredith*

9. Father's Occupation

*grain measuring*

10. Father's Birthplace

*Easton Sar. M. V*

Name of Medical Attendant, or other Person who makes this Return.

*Melby Glass*

Address

*York St no 181*

Remarks

\* That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40210

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Richard Edward Howard*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *Caucas*  
 3. Date of Birth, *May 19 1930*  
 4. Place of Birth, (Street and Number) *9 St. Paul St.*  
 5. Full Name of Mother, *Ellen Howard*  
 6. Mother's Maiden Name, *Ellen Woodward*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *James Edward Howard*  
 9. Father's Occupation, *Super. Nav. on the Water*  
 10. Father's Birthplace, *of Maryland*  
 Name of Medical Attendant, *Ellen Stief*  
or other Person who makes this Return.  
 Address, *421 Howard St*  
 Remarks,

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 30, 1880

4. Place of Birth (Street and Number)

No. 50, East St

5. Full Name of Mother

Mary E. Armstrong

6. Mother's Maiden Name

Mary Catherine Devlin

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Samuel C. Armstrong

9. Father's Occupation

Coach painter

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return

Mrs. P. Devlin

Address

168 Chesapeake St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether Male or Female) *White Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 30<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *W. McElderry St. near East St.*
5. Full Name of Mother *Christina Humphreys*
6. Mother's Maiden Name *Christina Brunetti*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Millard Fillmore Humphreys*
9. Father's Occupation *Huckster*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Helenetta Glascoe*
- Address *W. McElderry St. Extensive*
- Remarks *in good Health*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *30 of June 1889*  
4. Place of Birth (Street and Number) *No 63 Lindenhal St*  
5. Full Name of Mother *Amanda Egan*  
6. Mother's Maiden Name *Amanda Morgan*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *John H. H.*  
9. Father's Occupation *Baltimore*  
10. Father's Birthplace *Sabina*  
Name of Medical Attendant, or other Person who makes this Return. *No 120 West St*  
Address  
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth June 30 - 1880
4. Place of Birth, (Street and Number) No 100 N. Wall Street
5. Full Name of Mother Florence May. Zurgan
6. Mother's Maiden Name Florence May. Fitzgerald
7. Mother's Birthplace Frederick Md
8. Full Name of Father Charles M. Zurgan
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary A. Howell
- Address 286 N. Tenth St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 20th 1880
4. Place of Birth, (Street and Number) 29 Kingshead st
5. Full Name of Mother Minnie Scholer
6. Mother's Maiden Name Matze
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Scholer
9. Father's Occupation Store Keeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Gutzke
- Address No 55 S Bond st
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male

White

June 30th 1880

73 William St.  
Sallie E. Travis

Willbourn

Med  
Walter S. Travis

Book Keeper

Med

R. C. Lee

Hennrich Barr St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar-General, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

110223

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 30th 1880
4. Place of Birth, (Street and Number) 21 Harw St
5. Full Name of Mother Ann E. Butler
6. Mother's Maiden Name Carr
7. Mother's Birthplace Mo
8. Full Name of Father Mr Isaiac Butler
9. Father's Occupation Waiter
10. Father's Birthplace Mo
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Harmon Barr Sts
- Remarks

# RETURN OF A BIRTH.

40224

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

1

(state whether Male or Female)

female

or Color (if not of the white race)

black

of Birth

June the 20

of Birth (Street and Number)

bed room no 6

Name of Mother

martha daniels

her's Maiden Name

her's Birthplace

Frederick md

Name of Father

her's Occupation

her's Birthplace

of Medical Attendant, or other Person who makes this Return.

mrs Sarah Smithers  
no 36 George St alleys.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 30<sup>th</sup> 1889*
4. Place of Birth (Street and Number) *No. 30 Starnes St.*
5. Full Name of Mother *Emma Reynolds*
6. Mother's Maiden Name *Emma Hadwallader*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Stephen Reynolds*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. Lytle Smith M.D.*
- Address *121 Bane St.*
- Remarks *Natural & easy labor*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

40226

Health. DEPARTMENT  
JUL 7 1980  
BALTIMORE.

- Second  
Keale  
White  
June 30<sup>th</sup> 1880  
392 David Keill Ave  
Mary Elizabeth Marshall  
Ford  
Baltimore  
Mrs Deard Marshall  
Carpenter  
Rearford Leo Med  
Elias & Grace M.D.  
262 Madison Ave

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 30<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *59 East Street*
5. Full Name of Mother *Susan Hackett*
6. Mother's Maiden Name *Susan Williams*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Andrew Hackett*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Harriet Jackson*
- Address *# 5 Forest Street*
- Remarks

See Report of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 30<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *273 Bank Street*
5. Full Name of Mother *Catherine McGrath*
6. Mother's Maiden Name *Catherine Butler*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Patrick McGrath*
9. Father's Occupation *Block Maker*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. Knapples*
- Address *136 S. Caroline St.*
- Remarks \_\_\_\_\_

For Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether male or female) *Female*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *22 June*
  4. Place of Birth (Street and Number) *Bellevue Ave.*
  5. Full Name of Mother *Maria Rinal*
  6. Mother's Maiden Name *Sadovsk*
  7. Mother's Birthplace *Rumania*
  8. Full Name of Father *Edward Knopf*
  9. Father's Occupation *Saloon*
  10. Father's Birthplace *Rumania*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Rinal*
- Address *50 Barnes St.*
- Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40230

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup> Child  
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30<sup>th</sup> 1880.

4. Place of Birth, (Street and Number)

174 Hanover St.,

5. Full Name of Mother,

Marion Dowell.

6. Mother's Maiden Name,

" Wigham.

7. Mother's Birthplace,

Anna Arundell Co. Md.

8. Full Name of Father,

Jos. T. Dowell.

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) Tallied

3. Date of Birth 30 June 1880

4. Place of Birth, (Street and Number) No 6 Madison alley

5. Full Name of Mother Fanny Jackson

6. Mother's Maiden Name —

7. Mother's Birthplace Baltimore

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Dr. R. M. —

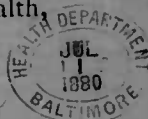
Address William 70 Ym.

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 11 1880*  
 4. Place of Birth (Street and Number) *Richmond*  
 5. Full Name of Mother *John J. Brown*  
 6. Mother's Maiden Name *Richmond*  
 7. Mother's Birthplace *Richmond*  
 8. Full Name of Father *Thomas May*  
 9. Father's Occupation *Ref*  
 10. Father's Birthplace *New York*  
 Name of Medical Attendant, or other Person who makes this return *May J. Brown*  
 Address *52 Lyncourt St*  
 Remarks *Lowy Hill*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

10233

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *first Child*
1. Sex, (state whether male or female).... *Female*
2. Race or Color, (if not of the white race).... *White*
3. Date of Birth, *30 June 1880*
4. Place of Birth, (Street and Number).... *128 Duncan St*
5. Full Name of Mother, *Surie Cole*
6. Mother's Maiden Name, *Sapp*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Walter Cole*
9. Father's Occupation, *Salara*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*
- Address, *No 12 Patterson Park Jr*
- Remarks,



1102.314

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "JUL 2 1900" is stamped in a bold, sans-serif font. The stamp is slightly faded and shows some texture from the paper.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or write at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Leah

*Aut.*

June 30<sup>th</sup> 1880

No 113 H. Durabro...

Kate Eldon

Feb 24<sup>th</sup>

Phenololubric

Edward Eldon

100

~~Edmund Burke~~

Nov. 1891

pl. 8. *Sp. 1000000000*

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That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

white  
June 20/85

3. Date of Birth,

4. Place of Birth, (Street and Number)

229 Canton av.  
Celena Torkelsen

5. Full Name of Mother,

Smith  
Prussia

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Charles Torkelsen

9. Father's Occupation,

Bar Keeper

10. Father's Birthplace,

Normandy

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. Mansfield  
47 S. Broadway

Address,

Remarks,

# NOTICE

The succeeding document  
was received in the same

condition and in the same

Missing

40236 -

40945 incl.



# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

Every effort was made to  
assure legibility and com-  
pleteness.

# REPORT OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether Male or Female)

Race or Color (if not of the white race)

Place of Birth

Address of Birth (Street and Number)

8. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Report.

Address

Remarks

This is physician  
of the child, with of any  
other persons attending  
the birth, who themselves  
have signed their names  
to this report, and the  
name of the physician  
who has signed this report.

See Report of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth July 20th  
4. Place of Birth (Street and Number) 367 N. Henry St.  
5. Full Name of Mother Johanna Bogdanske  
6. Mother's Maiden Name Waldenhorst  
7. Mother's Birthplace Sonnenborn Germany  
8. Full Name of Father Fredrik Bogdanske  
9. Father's Occupation Taylor  
10. Father's Birthplace Schalgiendorf Germany  
Name of Medical Attendant, or other Person who makes this Return H. Schuman  
Address 435 N. Henry St.  
Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 23rd*
4. Place of Birth (Street and Number) *N-335 William*
5. Full Name of Mother *Lizzie Pape*
6. Mother's Maiden Name *Adell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry A. Pape*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, (Signature of Person who makes this Return) *C. D. Buddenbom M.D.*
- Address *166 S. Paca St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40947

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 6 1880

4. Place of Birth, (Street and Number) No 202 Howard St

5. Full Name of Mother Mary Susan

6. Mother's Maiden Name Mary Mathison

7. Mother's Birthplace Baltimore

8. Full Name of Father Thos James

9. Father's Occupation Police Officer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena A. Hager

Address No 102 E. Main St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *July 26th. (1880)*  
 4. Place of Birth (Street and Number) *104 Wilhelm St (Baltimore)*  
 5. Full Name of Mother *Annie Glesner*  
 6. Mother's Maiden Name *Piper*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Korn Glesner*  
 9. Father's Occupation *Gutter Snapper*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *M. J. Langan*  
 Address *435 W. McHenry St.*  
 Remarks *Healthy Child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40951

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb 22 1880
4. Place of Birth, (Street and Number) 1000 E. Baltimore St.
5. Full Name of Mother Mary E. Eganhart
6. Mother's Maiden Name Mary E. Eganhart
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Eganhart
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Eganhart
- Address 1000 E. Baltimore St.
- Remarks



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *June 27<sup>th</sup> 1890*

4. Place of Birth, (Street and Number) *6 Hammond St*

5. Full Name of Mother *Robt Wright*

6. Mother's Maiden Name *Lab. Rountree*

7. Full Name of Father *Washington*

8. Father's Occupation *Police Officer*

9. Father's Birthplace *Beckley, West*

10. Name of Medical Attendant, or other Person who makes this Return. *James A. Leonard*

Address

Remarks

This certificate is to be filled out by the mother or father, or other person in charge of the child, and is to be presented to the Registrar of Vital Statistics in the City of Baltimore, as soon as the child is born. It is to be filled out in duplicate, one copy to be retained by the Registrar, and the other to be retained by the mother or father, or other person in charge of the child. The certificate is to be filled out in duplicate, one copy to be retained by the Registrar, and the other to be retained by the mother or father, or other person in charge of the child.

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 17<sup>th</sup> 1880

4. Place of Birth, (Street and Number) No 214 E Monument st

5. Full Name of Mother Kate Bright

6. Mother's Maiden Name Kate Rounder

7. Mother's Birthplace Washington

8. Full Name of Father John Bright

9. Father's Occupation Police Officer

10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. James A. Wright

Address 117 E Monument st

Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 28. 1880*
4. Place of Birth (Street and Number) *226 Sansata St*
5. Full Name of Mother *Mary Wilson Smith*
6. Mother's Maiden Name *Mary Wilson*
7. Mother's Birthplace *City of Baltimore Md*
8. Full Name of Father *Daniel Smith*
9. Father's Occupation *Mechanic (Shoemaker)*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Jefferson M.*
- Address *41 St George St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 28<sup>th</sup> 1899.

4. Place of Birth (Street and Number)

Pratt St. 903

5. Full Name of Mother

Fannie C. Messer

6. Mother's Maiden Name

Fannie C. King

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Messer

9. Father's Occupation

Bookseller by trade

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. J. Leman

Address

435 W. McHenry St.

Remarks

Strong healthy child.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



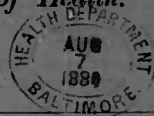
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> Kind*  
1. Sex, (state whether male or female) *Boys*  
2. Race or Color, (if not of the white race) *Weiß*  
3. Date of Birth, *geboren den 28<sup>ten</sup> July*  
4. Place of Birth, (Street and Number) *N<sup>o</sup> 17. Eastern Av.*  
5. Full Name of Mother, *Rose Tröbentone*  
6. Mother's Maiden Name, *Rose Hempel*  
7. Mother's Birthplace, *Halligen*  
8. Full Name of Father, *Lehr Tröbentone*  
9. Father's Occupation, *Musiker*  
10. Father's Birthplace, *Halligen*  
Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*  
Address, *N<sup>o</sup> 127. S. Dallas Str.*  
Remarks, *German*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40956

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 18<sup>th</sup> 1880
4. Place of Birth, (Street and Number) No 152 Law St
5. Full Name of Mother Lizzie John
6. Mother's Maiden Name Lizzie Lauer
7. Mother's Birthplace Baltimore
8. Full Name of Father Christian John
9. Father's Occupation Broom maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. George H. Meyer
- Address 152 & 154 Law St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

110957

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 30. 1880. Died August 6. 1880*

4. Place of Birth, (Street and Number) *No 63 Lancaster St.*

5. Full Name of Mother, *Flora Roden*

6. Mother's Maiden Name, *Flora Ylenn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Louis Roden*

9. Father's Occupation, *Trimmer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Friedrike Kaufmann (Midwife)*  
or other Person who makes this Return

Address, *No 19 1/2 S. Dallas St. near Canton St.*

Remarks, *Died on Gram's.*



Return of the Registrar of the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40958

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st of 3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

born on 30th July

4. Place of Birth, (Street and Number)

62 Lancaster St

5. Full Name of Mother,

Flore Roden

6. Mother's Maiden Name,

Flore Glenn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Roden

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Friederike Krausmann

Address,

197 S. Dallas St

Remarks,

Home

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40959

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. 4os. 1st*
1. Sex, (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiss*
3. Date of Birth, *geboren 31. Jan 80*
4. Place of Birth, (Street and Number) *N 173 Schumacher Str*
5. Full Name of Mother, *Kronjunde Withstönt*
6. Mother's Maiden Name, *Kronjunde Egebeer*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Andrew Withstönt*
9. Father's Occupation, *Schneider*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address, *N 197 S. Dallas Str*
- Remarks, *Hemorrh*

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth th 1 August 1880

4. Place of Birth, (Street and Number) 11 Chestnut Street

5. Full Name of Mother Emma Phillips

6. Mother's Maiden Name Emma Neal

7. Mother's Birthplace Baltimore

8. Full Name of Father William Neal

9. Father's Occupation Printer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. William

Address 70 Chestnut Street

Remarks Water not free King Hall

**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sunday, August 1st 1880*

4. Place of Birth (Street and Number) *306 E. Chase St.*

5. Full Name of Mother *Sarah E. Prentiss*

6. Mother's Maiden Name *Sarah E. Arnold*

7. Mother's Birthplace *Brighton, Mass.*

8. Full Name of Father *John A. Prentiss*

9. Father's Occupation *Bookkeeper*

10. Father's Birthplace *Jamaica Plains, Middlesex, Mass.*

Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brinton M.D.*

Address *25 1/2 Greenmount Ave.*

Remarks *"Very Ex. Presentation"*

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Aug. 1 1880*
4. Place of Birth (Street and Number) *122 Arlington av.*
5. Full Name of Mother *Ida Dunn*
6. Mother's Maiden Name *Goodhand*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Wm. A. Dunn*
9. Father's Occupation *Manager of Telegraph Co.*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return. *N. W. Wells M. D.*
- Address *57 Barron*
- Remarks \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 1<sup>st</sup> 1880*

4. Place of Birth (Street and Number) *5220 Grand Hill Ave*

5. Full Name of Mother *Indie S. Schmidt*

6. Mother's Maiden Name *Indie S. Taylor*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Edward R. Schmidt*

9. Father's Occupation *Carnage Manufacturer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Julius J. Schmitt*

Address *2 Cathedral St.*

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40964

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 13 1880
4. Place of Birth, (Street and Number) 145 E. Monument Street
5. Full Name of Mother William Meyer
6. Mother's Maiden Name Bitter
7. Mother's Birthplace Germany
8. Full Name of Father Frederick Heinrich Meyer
9. Father's Occupation Deacon
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. W. Selkirk, M.D.
- Address 212 E. Pratt Street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21<sup>st</sup> of August 1880

4. Place of Birth, (Street and Number) 27 Gaythorn Street

5. Full Name of Mother, Ann Robinson

6. Mother's Maiden Name, Maria Smith

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, John H. Smith

9. Father's Occupation, Blacksmith

10. Father's Birthplace, same county as above

Name of Medical Attendant, or other Person who makes this Return, Crescentia Knobel

Address, 11 North Howard Street

Remarks, Healthy



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd 11 11*  
 1. Sex, (state whether male or female)..... *Male*  
 2. Race or Color, (if not of the white race)..... *White*  
 3. Date of Birth,..... *1st of August 1888*  
 4. Place of Birth, (Street and Number)..... *No. 1501 Street*  
 5. Full Name of Mother,..... *Emma Hall*  
 6. Mother's Maiden Name,..... *Emma Hall*  
 7. Mother's Birthplace,..... *Baltimore*  
 8. Full Name of Father,..... *Edgar Hall*  
 9. Father's Occupation,..... *Barber*  
 10. Father's Birthplace,..... *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return...... *Ernesta L. L. L.*  
 Address,..... *11 North Chapel Street, Baltimore*  
 Remarks,..... *Healthy*

**Birth Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 10 1880
4. Place of Birth (Street and Number) 230 Saratoga St
5. Full Name of Mother Mary Lucy Atkinson
6. Mother's Maiden Name Mary Dwyer
7. Mother's Birthplace Baltimore
8. Full Name of Father Hiram Atkinson
9. Father's Occupation Painter
10. Father's Birthplace Baileys Mt.
- Name of Medical Attendant, or other Person who makes this Return. J. C. Shinnick M.D.
- Address 41 N. Carey St.
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 1st 1886
4. Place of Birth, (Street and Number) 356 Eastern Ave
5. Full Name of Mother Janice Herbert
6. Mother's Maiden Name Janice Herbert
7. Mother's Birthplace America
8. Full Name of Father Charles Herbert
9. Father's Occupation Seaman
10. Father's Birthplace America
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amodeo
- Address No. 137 Hope St
- Remarks (Signature)

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *August 1st 1880*
4. Place of Birth, (Street and Number) *No 34 Davis St.*
5. Full Name of Mother, *Margaret Jones*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm. Jones*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address, *6 Hamilton St.*
- Remarks,

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 1st 85

4. Place of Birth (Street and Number) 49 N Broadway

5. Full Name of Mother Maria Fuchs

6. Mother's Maiden Name " Klipper

7. Mother's Birthplace Balt.

8. Full Name of Father William Fuchs

9. Father's Occupation Scaffolding Man

10. Father's Birthplace Me.

Name of Medical Attendant, or other Person who makes this Return Abraham Shurman

Address \_\_\_\_\_

Remarks \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40971

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth August the 1 1850
4. Place of Birth, (Street and Number) 242 Franklin St
5. Full Name of Mother Emma Ferguson
6. Mother's Maiden Name Emma Traver
7. Mother's Birthplace Baltimore
8. Full Name of Father George H. Ferguson
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Susan Sleight
- Address 21 of Poppleton St
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 1. 1880
4. Place of Birth (Street and Number) No 75 Honey Lane
5. Full Name of Mother Elizabeth Jack
6. Mother's Maiden Name Elizabeth Carr
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Daniel Jack
9. Father's Occupation Seabour
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Eliza Leavish
- Address 314 Babory st
- Remarks

Record of Vital Statistics in the City of Baltimore.

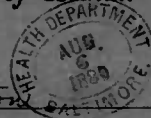
That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40973

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> Harry Benton
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 1<sup>st</sup> 1880
4. Place of Birth, (Street and Number) No 112 Caroline st
5. Full Name of Mother Mrs BESSIE BENTON
6. Mother's Maiden Name Grindall
7. Mother's Birthplace Baltimore
8. Full Name of Father John Benton
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs G. E. G. E.
- Address No 55 S. Bond St
- Remarks





# RETURN OF A BIRTH.

40974

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th  
 (state whether Male or Female) Male Child  
 Race or Color (if not of the white race) Colored  
 Date of Birth Aug 1  
 Place of Birth (Street and Number) No. 143 York St  
 Full Name of Mother Mary P. Floyd  
 Mother's Maiden Name M. P. Casson  
 Mother's Birthplace Caroline Co Md  
 Full Name of Father Jacob H. Floyd  
 Father's Occupation Laborer  
 Father's Birthplace Northampton Co Va  
 Name of Medical Attendant, or other Person who makes this return Sarah J. Wilson  
 Address 250 Hughes St  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 1 August
4. Place of Birth, (Street and Number) Baltimore Lucas Point & Robinson
5. Full Name of Mother Elizabeth Libbesen
6. Mother's Maiden Name Elizabeth Pranger
7. Mother's Birthplace Baltimore
8. Full Name of Father Garhard Libbesen
9. Father's Occupation Seaman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Magpie Estel
- Address No 13 Calhoun Street
- Remarks Lucas Point

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40976

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *1 August*
4. Place of Birth, (Street and Number) *137 Spring*
5. Full Name of Mother, *Lofie Schimminger*
6. Mother's Maiden Name, *Junge*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Josef Schimminger*
9. Father's Occupation, *Workman*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this return. *Mrs Para Casper*
- Address, *52 E Lombard*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

140977

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)...

Female.

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August the 1. 1880

4. Place of Birth, (Street and Number)

Baltimore No 140 Hutson St

5. Full Name of Mother,

Ellen Aherne

6. Mother's Maiden Name,

Ellen Hamman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Cornelius J Aherne

9. Father's Occupation,

Grain Business

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr J. W. Riley

Address,

No 12 Patterson Park Av

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

40978



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 1st

4. Place of Birth (Street and Number)

416 Ave of St.

5. Full Name of Mother

Maggie Clarke

6. Mother's Maiden Name

Jolly

7. Mother's Birthplace

Mid

8. Full Name of Father

Wm. Clarke

9. Father's Occupation

Machinist

10. Father's Birthplace

Eng

Name of Medical Attendant, or other Person who makes this Return.

B. B. P. Ellis

Address

315 7th St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

40977

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *Aug 1st.*  
 4. Place of Birth (Street and Number) *3 Warren ave*  
 5. Full Name of Mother *Jessie Bassett*  
 6. Mother's Maiden Name *" Johnson*  
 7. Mother's Birthplace *Wid*  
 8. Full Name of Father *Richard Bassett*  
 9. Father's Occupation *Machinist*  
 10. Father's Birthplace *Wid*  
 Name of Medical Attendant, or other Person who makes this Return. *R. M. P. Stewart*  
 Address *313 Light.*  
 Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

40980

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 6<sup>th</sup>
1. Sex, (state whether male or female)..... White Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth, August 1<sup>st</sup> 1880
4. Place of Birth, (Street and Number) Baltimore Washington St. 140
5. Full Name of Mother, Amanda Cannon Pratt
6. Mother's Maiden Name, Amanda Cannon
7. Mother's Birthplace, Cambridge Dorchester County
8. Full Name of Father, John W. Pratt
9. Father's Occupation, Rockdale Baltimore County
10. Father's Birthplace, Galois
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary E. Simmons
- Address, 171 South Washington St.
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

110981

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 1st
4. Place of Birth, (Street and Number) Baltimore Dolphin St No 215
5. Full Name of Mother, Annie Reynolds
6. Mother's Maiden Name,
7. Mother's Birthplace, Co Cork Ireland
8. Full Name of Father, John Reynolds
9. Father's Occupation, Horse Shoer
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this return, Mary A Dorsey
- Address, 83 Oxford St
- Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

409891 over

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) White

3. Date of Birth August 24 1886

4. Place of Birth (Street and Number) 205 Hoffman St

5. Full Name of Mother Salome Annina Hopper

6. Mother's Maiden Name Wynn

7. Mother's Birthplace Hent County Maryland

8. Full Name of Father Daniel Cox Hopper

9. Father's Occupation Merchant

10. Father's Birthplace Duane Adams County Ind

Name of Medical Attendant, or other Person who makes this Return Mr H. Siffenderfer M.D.

Address No 1 R Hager St

Remarks \_\_\_\_\_

Mary Johns Hopper

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Aug 1<sup>st</sup> 1880  
214 Conway St.  
Amelia Isadora Newcomer  
Schneider  
Baltimore  
Jacob Legendie Newcomer  
Book Keeper  
Washington Co Md  
J. H. Hurray  
26 Blair St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

1409811  
40985

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male & Female (Twin)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 1st, 1880.

4. Place of Birth (Street and Number)

Maternity, 161 N. Lombard St.

5. Full Name of Mother

Eva Sage.

6. Mother's Maiden Name

"

7. Mother's Birthplace

New Jersey.

8. Full Name of Father

Unknown.

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.

Address

Maternity Hospital

Remarks

161 N. Lombard St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 14 1880*

4. Place of Birth. (Street and Number) *771 Saratoga St*

5. Full Name of Mother *Roseena Barker*

6. Mother's Maiden Name *" Scherf*

7. Mother's Birthplace *Balt. Md*

8. Full Name of Father *Chr. Barker*

9. Father's Occupation *Salesman*

10. Father's Birthplace *Balt. Md*

Name of Medical Attendant, or other Person who makes this Return. *H. S. Spencer*

Address *379 W. Lombard St.*

Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 2d/80

4. Place of Birth (Street and Number)

420 Mulberry

5. Full Name of Mother

Lena R. Bell

6. Mother's Maiden Name

Woodson

7. Mother's Birthplace

Balti

8. Full Name of Father

Thomas A. Bells

9. Father's Occupation

Painter

10. Father's Birthplace

Balti

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address

581 Lexington St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40955

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. ~~Race or Color~~, (if not of the white race) \_\_\_\_\_
3. Date of Birth 2 August '80
4. Place of Birth, (Street and Number) 337 Hamburg st.
5. Full Name of Mother Maggie Muth
6. Mother's Maiden Name " Schaub
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Muth
9. Father's Occupation Laborer
10. Father's Birthplace Bavaria
- Name of Medical Attendant, or other Person who makes this return. Mary Kersh
- Address 325 South Ender St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 2<sup>nd</sup> 1880
4. Place of Birth, (Street and Number) 15. N. Poppleton St
5. Full Name of Mother Generive B. Thurn
6. Mother's Maiden Name Generive B. Herman
7. Mother's Birthplace Baltw City
8. Full Name of Father Peter H. Thurn
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Baltw City
- Name of Medical Attendant, or other Person who makes this Return. Lucien Hunter
- Address 21st Poppleton St
- Remarks \_\_\_\_\_

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 19th  
 1. Sex (state whether male or female) female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth August 2nd. 1880.  
 4. Place of Birth, (Street and Number) N 173 Chestnut St.  
 5. Full Name of Mother Mary Murphy.  
 6. Mother's Maiden Name Mary McCall.  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John Murphy  
 9. Father's Occupation Plumber  
 10. Father's Birthplace Ireland.  
 Name of Medical Attendant, or other Person who makes this return. Mrs. W. A. Butt  
 Address No. 185 S.E. cor Central av. & Monument St.  
 Remarks All Well.



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth th 2 of August 188
4. Place of Birth, (Street and Number) 101 The Mt. Vernon
5. Full Name of Mother Anna Mary Ward
6. Mother's Maiden Name Ann Mary Wing
7. Mother's Birthplace Chesapeake County, Md.
8. Full Name of Father George Washington Wing
9. Father's Occupation John
10. Father's Birthplace Chesapeake County, Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. Z. Brown
- Address Wm. Z. Brown
- Remarks Shrine Y.M.C.A.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

August 14 1880

243 Columbia Ave

Maria F. Boswell

" " Hinton

Balt. Md

W. Boswell

Plumber & Gas Fitter

Balt. Md

L. V. Sprain

387 W. Lombard St

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) W  
3. Date of Birth 2nd Aug 11 1880  
4. Place of Birth (Street and Number) 64 Bane St  
5. Full Name of Mother Maria Farm  
6. Mother's Maiden Name Murkin  
7. Mother's Birthplace Balt  
8. Full Name of Father Joseph Farm  
9. Father's Occupation Clerk  
10. Father's Birthplace Penna  
Name of Medical Attendant, or other Person who makes this Return. H. W. Webster M.D.  
Address  
Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise  
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth August 2<sup>d</sup> 1880

4. Place of Birth, (Street and Number) No 254 S Bond st

5. Full Name of Mother Diana Larsen

6. Mother's Maiden Name " Annie

7. Mother's Birthplace Germany

8. Full Name of Father Chs Larsen

9. Father's Occupation Mariner

10. Father's Birthplace Norway

Name of Medical Attendant, or other Person who makes this Return. Mr Elizabeth Batz

Address 120 Bank st

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, mid-wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 2<sup>nd</sup> 1880*  
 4. Place of Birth (Street and Number) *56 E. Eager St*  
 5. Full Name of Mother *Mary C. Straininelli*  
 6. Mother's Maiden Name *Mary C. Bull*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *George H. Straininelli*  
 9. Father's Occupation *Malhinist*  
 10. Father's Birthplace *Charleston S.C.*  
 Name of Medical Attendant, or other Person who makes this Return. *Sebas H. Hunter M.D.*  
 Address *36 Government Ave.*  
 Remarks

Extract Regulations of the Board of Health to Secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

40996

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 2<sup>nd</sup> 80

4. Place of Birth, (Street and Number)

143 Sturtevant

5. Full Name of Mother

Mary Eidman

6. Mother's Maiden Name

Erb

7. Mother's Birthplace

Sachsen - Germany

8. Full Name of Father

Louis Eidman

9. Father's Occupation

Coffee Roaster

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Mary Korb

Address

328 South Linden St

Remarks

Direct Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar insofar as within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 2nd 1880.

4. Place of Birth (Street and Number)

34 O Bond St

5. Full Name of Mother

Lama Hamzman

6. Mother's Maiden Name

Mitchell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm Hamzman

9. Father's Occupation

Car Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D W Cathell M.D

Address

217 Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 2 1880

4. Place of Birth (Street and Number)

1022 E. Chase

5. Full Name of Mother

Elizabeth Jane Kinkaid

6. Mother's Maiden Name

Hadley

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Henry Kinkaid

9. Father's Occupation

Opera

10. Father's Birthplace

Baltimore City

E. Wootte

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

140999

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 2nd 1880*
4. Place of Birth, (Street and Number) *No 105 S. Queen St. Balt.*
5. Full Name of Mother, *Anna Jones*
6. Mother's Maiden Name, *Watts*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John G. Jones*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this Return. *Pembroke M. Monte, M.D.*
- Address, *No 205 St. Lombard St.*
- Remarks, *Balt*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, DEPARTMENT, BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *2 of August 1880*  
 4. Place of Birth, (Street and Number) *26 Patterson Park St*  
 5. Full Name of Mother, *Johana Isingburg*  
 6. Mother's Maiden Name, *Isingburg*  
 7. Mother's Birthplace, *Germany*  
 8. Full Name of Father, *Cigar maker Julius Isingburg*  
 9. Father's Occupation, *Cigar maker*  
 10. Father's Birthplace, *Germany*  
 Name of Medical Attendant, *or other Person who makes this Return* *Mrs Wiley*  
 Address, *No 13 Patterson Park St*  
 Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 2nd*

4. Place of Birth (Street and Number) *306 Spangley St*

5. Full Name of Mother *Anna Bistonia Thompson*

6. Mother's Maiden Name *" " " Baizell*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Smallwood Thompson*

9. Father's Occupation *Locomotive Fireman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address *Mrs. Rosa Anderson,*  
*369 McHenry St.*

Remarks

# RETURN OF A BIRTH.

141002

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Of Child of Mother, (state whether 1st, 2d, 3d, &c.)

123

Sex (state whether Male or Female)

Female

Race or Color (if not of the white race)

Color

Date of Birth

Aug 2 - 1880

Place of Birth (Street and Number)

77 North Charles St

Full Name of Mother

Mary H Green

Mother's Maiden Name

Mary

Mother's Birthplace

North Shumton Can Virginia

Full Name of Father

Wm Green

Father's Occupation

Laboring man

Father's Birthplace

Highland Virginia

Name of Medical Attendant, or other Person who makes this Return

Dr. J. D. May

Address

221 North Charles St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Aug 2<sup>nd</sup> 1880*

4. Place of Birth (Street and Number) *44 Barnes St*

5. Full Name of Mother *Mary Riel*

6. Mother's Maiden Name *" McTague*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *James Riel*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Geo S Reynolds*

Address *43 N Calvert*

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1110014

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 2<sup>nd</sup> 1880*
4. Place of Birth, (Street and Number) *Baltimore East Pratt st*
5. Full Name of Mother, *Christina Meyers Bush*
6. Mother's Maiden Name, *Christina Meyers*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joshua Bush*
9. Father's Occupation, *Potter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mrs Mary E Simons*  
or other Person who makes this Return.
- Address, *171 S. Washington Street*
- Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

23 August 1880

4. Place of Birth (Street and Number)

328 N. Caroline St.

5. Full Name of Mother

Emily Jane Amore

6. Mother's Maiden Name

Mum

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James E. Amore

9. Father's Occupation

Clair

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Augusta M. Dodge

Address

Remarks

EXTRACT REGULATIONS OF THE BOARD OF HEALTH TO BE OBSERVED BY ALL WHO COME

Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: *Emma Grace Lotz*  
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
  2. Race or Color, (if not of the white race) \_\_\_\_\_
  3. Date of Birth *Aug 2<sup>d</sup> 1880*
  4. Place of Birth, (Street and Number) *1168 Conway St*
  5. Full Name of Mother *Laura Virginia Lotz*
  6. Mother's Maiden Name *Lange*
  7. Mother's Birthplace *Balti City*
  8. Full Name of Father *Wm Hehey Lotz*
  9. Father's Occupation *Shoemaker*
  10. Father's Birthplace *Balti City*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Murray*
- Address *76 Stacia St*
- Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Aug. 2<sup>d</sup> 1880  
4. Place of Birth (Street and Number) 133 W. Schroeder  
5. Full Name of Mother Sarah De Borse  
6. Mother's Maiden Name Hynes  
7. Mother's Birthplace Maryland  
8. Full Name of Father William De Borse  
9. Father's Occupation Clerk  
10. Father's Birthplace Maryland  
Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.  
Address 581 Lexington St.  
Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11.1008

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>tes</sup> Kind*
1. Sex, (state whether male or female) *Bo b.*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 2<sup>ten</sup> August*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 19<sup>th</sup> E. Falls St 178.*
5. Full Name of Mother, *Anne Robesen*
6. Mother's Maiden Name, *Anne Kraus*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Fred. Robesen*
9. Father's Occupation, *Handarbeiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Hausmann*
- Address, *N<sup>o</sup> 19<sup>th</sup> E. Falls St*
- Remarks, *Henne*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

47009

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>. Kind*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *born 2<sup>nd</sup> August*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 282. S. Bond*
5. Full Name of Mother, *Margrete Boettelmaier*
6. Mother's Maiden Name, *Margrete Brosch*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Gottfried Boettelmaier*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, *Friedricha Kaufmann*  
or other Person who makes this Return.
- Address, *N<sup>o</sup> 197 S. Talbot St.*
- Remarks, *Home*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

141010

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Dec 9 1883

4. Place of Birth, (Street and Number) Baltimore No 19

5. Full Name of Mother Sarah Comites

6. Mother's Maiden Name " "

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Shore

9. Father's Occupation Scholar

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Wilson

Address 919 Chambersburg St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH, 141011

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) White
3. Date of Birth 3. August
4. Place of Birth, (Street and Number) Baltimore, Lowest Point Dock Bldg. 42
5. Full Name of Mother Eva Schwanke
6. Mother's Maiden Name Eva Lange
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Schwanke
9. Father's Occupation Seaman
10. Father's Birthplace Germany
- Name of Medical Attendant, or other person who makes this return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks Megan Ettel

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 41012

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 3. 1888

4. Place of Birth, (Street and Number)

S. Wall str 11 32

5. Full Name of Mother,

Vina Barker

6. Mother's Maiden Name,

Tiggett

7. Mother's Birthplace,

Westmore

8. Full Name of Father,

Walter Barker

9. Father's Occupation,

Bartholomew

10. Father's Birthplace,

Westmore

Name of Medical Attendant, or other Person who make this Return.

Wm. J. Brown

Address,

S. Wall str 11 14 m. m. f.

Remarks,



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5-15*

1. Sex (state whether Male or Female) *M.*

2. Race or Color (if not of the white race) *W.*

3. Date of Birth *August 30 1880*

4. Place of Birth (Street and Number) *128 Deane St.*

5. Full Name of Mother *Christie Shippey*

6. Mother's Maiden Name *Shelton*

7. Mother's Birthplace *Pennsylvania*

8. Full Name of Father *Allen C. Shippey*

9. Father's Occupation *Civil Engineer*

10. Father's Birthplace *Penn.*

Name of Medical Attendant, or other Person who makes this Return. *H. T. Reynolds M.D.*

Address *186 Disque St.*

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 3rd 1880*  
 4. Place of Birth (Street and Number) *1080 Epton St*  
 5. Full Name of Mother *Livvie Holdrege*  
 6. Mother's Maiden Name *" Weitzel*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Henry Holdrege*  
 9. Father's Occupation *Bookbinder*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who made this Return *D. W. Bates M.D.*  
 Address *207 Broadway*  
 Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *aug 3 1880*  
 4. Place of Birth (Street and Number) *University Hospital*  
 5. Full Name of Mother *Alice VonKosier*  
 6. Mother's Maiden Name *"*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *"*  
 9. Father's Occupation *"*  
 10. Father's Birthplace *"*  
 Name of Medical Attendant, or other Person who makes this Return *West Md*  
 Address *University Hospital*  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female).....

Girl

2. Race or Color, (if not of the white race).....

White

3. Date of Birth, .....

2nd of August, 1880.

4. Place of Birth, (Street and Number).....

373 East Lombard Street

5. Full Name of Mother, .....

Minnie J. Leland

6. Mother's Maiden Name, .....

Minnie J. Schmitt

7. Mother's Birthplace, .....

Baltimore

8. Full Name of Father, .....

Charles A. Schmitt

9. Father's Occupation, .....

Carpenter

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other Person who makes this Return, .....

Lucretia L. Knick

Address, .....

71 North Charles Street per Justina Knick

Remarks, .....

Healthy.

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111017

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3rd of August 1880.*
4. Place of Birth, (Street and Number) *36 East Light street.*
5. Full Name of Mother, *Mrs. Mary Hacker*
6. Mother's Maiden Name, *Mrs. Mary Hacker*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Hacker*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
- Address, *11 North Howard street perfection Kunkel*
- Remarks, *Healthy.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111018

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *August the 3-1890*
4. Place of Birth, (Street and Number) *42 Durham St Baltimore md*
5. Full Name of Mother, *Fuly Johnson*
6. Mother's Maiden Name, *Fuly Henson*
7. Mother's Birthplace, *St. Marys County md*
8. Full Name of Father, *Henry Johnson*
9. Father's Occupation, *Steward*
10. Father's Birthplace, *Charles Town Va*
- Name of Medical Attendant, *Lurinda Welford*  
or other Person who makes this Return.
- Address, *13011 Regester St Baltimore md*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41019

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
  1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, 3d August 80
  4. Place of Birth, (Street and Number) 148 Battery Ave
  5. Full Name of Mother, Ethelyn Brown
  6. Mother's Maiden Name, Inman
  7. Mother's Birthplace, New Jersey
  8. Full Name of Father, Frank S. Brown
  9. Father's Occupation, Engineer
  10. Father's Birthplace, Maine
- Name of Medical Attendant, H. W. Oving  
or other Person who makes this return.
- Address, 274 Madison Ave
- Remarks,

REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41020

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *August 3<sup>rd</sup> 1880*
4. Place of Birth, (Street and Number) *Balt. Ct. Chapel Bend St. 9*
5. Full Name of Mother, *Anna Phillips*
6. Mother's Maiden Name, *Anna Phillips*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *W. Secor*
9. Father's Occupation, *No. elegant*
10. Father's Birthplace, *No. elegant*
- Name of Medical Attendant, or other Person who makes this Return, *John Walker*
- Address, *Dunkens Alley St. 9 Balt.*
- Remarks, *Child in good health*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 3, 1880
4. Place of Birth, (Street and Number) 314 Bank St
5. Full Name of Mother Ida J. Duke
6. Mother's Maiden Name Ida J. Thwing
7. Mother's Birthplace Baltimore city
8. Full Name of Father Sam M. Duke
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Conner 153
- Address Collington Avenue
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, ~~X~~, ~~X~~, &c.)

1. Sex (state whether male or female) ~~male~~
  2. Race or Color, (if not of the white race) Caucasian
  3. Date of Birth August 31 1880
  4. Place of Birth, (Street and Number) Bankers Lane No. 3
  5. Full Name of Mother Annie Biral
  6. Mother's Maiden Name Edman Biral
  7. Mother's Birthplace Eastern Shore Va
  8. Full Name of Father Robert Knoch
  9. Father's Occupation Seaman
  10. Father's Birthplace Eastern Shore Va
- Name of Medical Attendant, or other Person who makes this Return. J V Shetty M.D.
- Address No 210 South Eastern St
- Remarks None city



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3rd August 1880*
4. Place of Birth, (Street and Number) *123 Hutson*
5. Full Name of Mother, *Mrs. Smith*
6. Mother's Maiden Name, *Denier*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *William Smith*
9. Father's Occupation, *Salvage*
10. Father's Birthplace, *Wilmington Del.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Wiley*
- Address, *No 12 Patterson Park*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth August 3 1880
4. Place of Birth, (Street and Number) 176 E. St. John St.
5. Full Name of Mother Maria L. Domson
6. Mother's Maiden Name M. L. Weil
7. Mother's Birthplace Baltimore
8. Full Name of Father Johan E. B. Domson
9. Father's Occupation Oyster packer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger
- Address 137 W. Bond St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3 of August 1880

4. Place of Birth, (Street and Number)

No 69 Bathy. St.

5. Full Name of Mother,

Lizzie Pfaff

6. Mother's Maiden Name,

Lizzie Snyder

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Pfaff

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Salina Griebke

Address,

No 120 West St 1880

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 2<sup>nd</sup> 1880*
4. Place of Birth, (Street and Number) *Baltimore 124 Regester St*
5. Full Name of Mother, *Mary E. Crisp*
6. Mother's Maiden Name, *Mary E. Crisp*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *J. B. Stokes*
9. Father's Occupation, *Cabman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E. Sisson*
- Address, *171 Washington St*
- Remarks,

cert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Negro*  
 3. Date of Birth *Aug. 3<sup>d</sup> 1880.*  
 4. Place of Birth (Street and Number) *No. 60. Dover St.*  
 5. Full Name of Mother *Mary Gray*  
 6. Mother's Maiden Name *Mary J. Mills*  
 7. Mother's Birthplace *Frederick Co. Md.*  
 8. Full Name of Father *Charles H. Gray*  
 9. Father's Occupation *Labourer*  
 10. Father's Birthplace *Balto. City*  
 Name of Medical Attendant, or other Person who make this Return. *F. B. Gardner M. D.*  
 Address *No. 120 N. Greene St.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *Aug 3rd '80*
4. Place of Birth (Street and Number) *150 N. Paca St.*
5. Full Name of Mother *Sophia Cole*
6. Mother's Maiden Name *Sophia Cooke*
7. Mother's Birthplace *MD*
8. Full Name of Father *Fredrick Cole*
9. Father's Occupation *Bar tender*
10. Father's Birthplace *MD*
- Name of Medical Attendant, or other Person who makes this Return. *Walter M.D.*
- Address *59 N. Greene St*
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

141029

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Fr Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 3<sup>rd</sup> 1880
4. Place of Birth, (Street and Number) 113 S. Paca St.
5. Full Name of Mother Lida E. Spedden
6. Mother's Maiden Name Auld
7. Mother's Birthplace Balto City
8. Full Name of Father Thos J. F. Spedden
9. Father's Occupation Merchant
10. Father's Birthplace Dorchester Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. N. C. Lee
- Address N. C. Lee
- Remarks N. C. Lee

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) female
  2. Race or Color (if not of the white race) white
  3. Date of Birth August 3, 1880
  4. Place of Birth (Street and Number) 159 Preston st
  5. Full Name of Mother Ann E Horner
  6. Mother's Maiden Name Green
  7. Mother's Birthplace md
  8. Full Name of Father Robert H Horner
  9. Father's Occupation Ice dealer
  10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return. G Saml Daneyhise
- Address 129 N Middle St
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *American White*  
3. Date of Birth *August 3rd 1880*  
4. Place of Birth (Street and Number) *No 443 Orleans St near Chester*  
5. Full Name of Mother *Virginia F Lloyd*  
6. Mother's Maiden Name *Blount*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Franc B Lloyd*  
9. Father's Occupation *Porter*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this return *Geo Henry H. Glascock*  
Address *McGladys St extended*  
Remarks *All doing well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

August 3<sup>rd</sup> 1880

4. Place of Birth (Street and Number)

# J. Neversity Alley  
Delorah Glen  
Delorah Glen

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson  
# 51 Forest Street.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41033

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug. 3, 1880*  
 4. Place of Birth (Street and Number) *No. 317 W. Fayette Street*  
 5. Full Name of Mother *Mary C. Monroe*  
 6. Mother's Maiden Name *" " Wright*  
 7. Mother's Birthplace *Cumberland Md.*  
 8. Full Name of Father *A. Garfield Monroe*  
 9. Father's Occupation *Book-Keeper*  
 10. Father's Birthplace *Md.*  
 Name of Medical Attendant, or other Person who makes this Return *Chas. W. Yeff*  
 Address *206 W. Fayette Street*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 410314

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 Child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *4 August*  
4. Place of Birth, (Street and Number) *95 Harrison Street*  
5. Full Name of Mother, *Johanna Debreusheimer*  
6. Mother's Maiden Name, *Bedroff*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Kristein Debreusheimer*  
9. Father's Occupation, *~~Printer~~ Carpet Weaver*  
10. Father's Birthplace, *Prussia*  
Name of Medical Attendant, or other Person who makes this Return.  
Address, *Mrs Rose Ulding*  
Remarks, *48 Hubbard Street*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41035

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 4<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) # 80. David Hill ave.

5. Full Name of Mother Caroline Muesman

6. Mother's Maiden Name Caroline Allbridge

7. Mother's Birthplace Balto.

8. Full Name of Father John Muesman

9. Father's Occupation Plumber

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. H. H. H.

Address 182 B. Hammond st.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 41036

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) white  
 3. Date of Birth August the 4th 1880  
 4. Place of Birth, (Street and Number) No. 44 Clinton ave  
 5. Full Name of Mother Josephine Heckert  
 6. Mother's Maiden Name Josephine Oberlein  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Alexander Heckert  
 9. Father's Occupation upholster  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Trevelyan  
 Address No 345 Penna av  
 Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3  
N.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 4<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

435 N. Bond St.

5. Full Name of Mother

Eyenna  
Gibbin

6. Mother's Maiden Name

7. Mother's Birthplace

Balt., Co. Md.

8. Full Name of Father

Ngah. Lelark

9. Father's Occupation

Hydrant (w.c.) Maker

10. Father's Birthplace

Balt., City

Name of Medical Attendant, or other Person who makes this Return.

H. T. Reynolds, M.D.

Address

186 Disquith St.

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Black*  
3. Date of Birth *4th of August 1886*  
4. Place of Birth (Street and Number) *248 Hughes St*  
5. Full Name of Mother *Mary Eliza Owings*  
6. Mother's Maiden Name *do do Whitens*  
7. Mother's Birthplace *Baltimore City*  
8. Full Name of Father *Jesse Owings*  
9. Father's Occupation *Barber*  
10. Father's Birthplace *Baltimore City*  
Name of Medical Attendant, or other Person who makes this return *Caroline Moore*  
Address *No 273 Hughes St*  
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41039

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Mulatto

3. Date of Birth,

562 W Saratoga

4. Place of Birth, (Street and Number)

4<sup>th</sup> August 1880.

5. Full Name of Mother,

Martha C. Murphy

6. Mother's Maiden Name,

Murphy.

7. Mother's Birthplace,

Ind

8. Full Name of Father,

John H. Murphy

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return.

H. W. Oving

Address,

274 Madison Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH, 11140

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth August 19 1880

4. Place of Birth, (Street and Number) 446 South Avenue Street

5. Full Name of Mother Harriet Cherry

6. Mother's Maiden Name Harriet Heath

7. Mother's Birthplace England

8. Full Name of Father Andrew A. Cherry

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary Connor 153

Address Collington Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth August 4 1880
4. Place of Birth (Street and Number) South East corner of N. M. & Hughes
5. Full Name of Mother Kate Haden
6. Mother's Maiden Name Kate Kunkle
7. Mother's Birthplace Winchester Pa
8. Full Name of Father Benjamin Haden
9. Father's Occupation Boatsman
10. Father's Birthplace Accomac Co. Va
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton
- Address East Ave No 181-
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Galord  
August 4 1880  
33 Burgundy Alley  
Fergina Mahem  
Fergina Johnson  
Eastern Shore  
John Mahem  
Barber  
Talbert County  
Maryann Dorsey  
64 Elbow Lane  
five dollars

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 4, 1880*
4. Place of Birth (Street and Number) *34 Thames St*
5. Full Name of Mother *Mary Ann Gunther*
6. Mother's Maiden Name *Mary Ann Speckels*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Gunther*
9. Father's Occupation *Baker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Louisa Smith*
- Address *the child is healthy*
- Remarks *the name of the child Henry Gunther*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Baltimore in August 1898 No. 30

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Josephine Pauline

6. Mother's Maiden Name,

Josephine Dvarak

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Frank Freeman

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Dr. J. P. Smith

Address,

67 Washington St.

Remarks,

Stillborn

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence of the mother of such child or children.

# RETURN OF A BIRTH,

41046

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth August 4th 1880  
 4. Place of Birth, (Street and Number) 680 Saratoga St.  
 5. Full Name of Mother Mary E. Bull  
 6. Mother's Maiden Name Mapp  
 7. Mother's Birthplace Balto. City  
 8. Full Name of Father John Bull  
 9. Father's Occupation Carpenter  
 10. Father's Birthplace Balto. Co. Md.  
 Name of Medical Attendant, or other Person who makes this Return. J. W. Morrison M.D.  
 Address 431 Penna. Ave.  
 Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or divide at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

14-104-6

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st  
Female  
White  
August 4. st 18.80.  
174 Cross-st.  
Birtha. Hill.  
= = = Lockman  
Baltimore. Md.  
William H. H.  
Shoemaker.  
Baltimore. Md.

Hoffman Mury  
12 Landonfell



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

4-10147

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 7th 1880
4. Place of Birth, (Street and Number) 7 E. Camden St.
5. Full Name of Mother Emma Hansf
6. Mother's Maiden Name Emma Zimmerman
7. Mother's Birthplace Baltic - Me
8. Full Name of Father Charles E. Zimmerman
9. Father's Occupation Farmer
10. Father's Birthplace Baltic
- Name of Medical Attendant, or other Person who makes this Return. Mrs. August A. Richmond
- Address 185 E. E. St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41048

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

9. 11. 80

4. Place of Birth (Street and Number)

119 S. Gilman

5. Full Name of Mother

Sarah Paulkules

6. Mother's Maiden Name

Crand

7. Mother's Birthplace

Virginia

8. Full Name of Father

Frank H. Paulkules

9. Father's Occupation

Drine Keeper B&O R.R.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm Eastman

Address

319 Lexington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41049

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

Aug. 4<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

Maternity 161 W. Lombard St.

5. Full Name of Mother

Ella Fairfax

6. Mother's Maiden Name

"

7. Mother's Birthplace

Mass.

8. Full Name of Father

Unknown

9. Father's Occupation

"

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free, M.D.

Address

Maternity Hospital

Remarks

161 W. Lombard St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41050

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 4th. 1880*  
 4. Place of Birth (Street and Number) *28 South Street*  
 5. Full Name of Mother *Sarah Walton*  
 6. Mother's Maiden Name *Lambert*  
 7. Mother's Birthplace *Carroll Co. Md*  
 8. Full Name of Father *Geo. Walton*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *England*  
 Name of Medical Attendant, or other Person who makes this Return. *Chas. W. Jeff*  
 Address *206 N. Fayette Street*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

141057

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth Aug 5th

4. Place of Birth, (Street and Number) Delaware 118 Morris St

5. Full Name of Mother Margaret Turner

6. Mother's Maiden Name Johnson

7. Mother's Birthplace Kent Island

8. Full Name of Father Ben Turner

9. Father's Occupation Laborer

10. Father's Birthplace Kent Island

Name of Medical Attendant, or other Person who makes this Return. Amelia Milne

Address 319 Greenberg St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race)  
3. Date of Birth *Aug 5th 1880*  
4. Place of Birth (Street and Number) *282 N. Broadway.*  
5. Full Name of Mother *Mary V. Flemming*  
6. Mother's Maiden Name *" " Curtis*  
7. Mother's Birthplace *Balto.*  
8. Full Name of Father *William Flemming*  
9. Father's Occupation *Printer*  
10. Father's Birthplace *Balto.*  
Name of Medical Attendant, or other Person who makes this Return. *Edward McDevitt*  
Address *183 N. Epton St.*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 5th 1880

4. Place of Birth (Street and Number)

217 Hillman St.

5. Full Name of Mother

Annie Brown.

6. Mother's Maiden Name

Grady

7. Mother's Birthplace

England

8. Full Name of Father

Robert Brown.

9. Father's Occupation

Laborer.

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Edward J. Morris

Address

133 N. Egle St

Remarks

110514

**SEEKING A FINE LOCATION IN THE CITY OF BIRMINGHAM?**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race)

3. *Date of Birth* \_\_\_\_\_

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name*7. *Mother's Birthplace.*

8. *Full Name of Father*

### 9. Father's Occupation

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address *Mc Henry St 136*

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 11055

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 5 1890

4. Place of Birth, (Street and Number)

# 33 Barnet Street

5. Full Name of Mother

Lena Schaper

6. Mother's Maiden Name

Lena Gier

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Conrad Schaper

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Henry H. H. H.

Address

152 E. Monument St.

Remarks

11056

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## BALTIMORE CITY.



RE CITY.

7-25-66

Page 50

August 1880

107 Black 45

Mary J. Cleary

Mary P. Coe

Bepland

Nicholas C. Barry

A four

Belmont

*[Handwritten signature]*

*Not Guilty*

.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd  
Female  
White  
Aug 1880  
St. Mark  
Reuben Lamar  
Andab Halliagher  
Enlaga  
Mrs Lamar  
Carpenter  
Balt Mo  
Theodore Cox Mo  
146 S. Han

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44058

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> of Kind*  
1. Sex, (state whether male or female) *Boys*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *born on 5<sup>th</sup> August*  
4. Place of Birth, (Street and Number) *No 267 S. Dallas Str*  
5. Full Name of Mother, *Fine Geller*  
6. Mother's Maiden Name, *Fine Hoffmann*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *William Geller*  
9. Father's Occupation, *Barber*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return, *Frederike Kaufmann*  
Address, *No 197 S. Dallas Str*  
Remarks, *Yonne.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th of August 1880

4. Place of Birth, (Street and Number) 364 East Bay View St.

5. Full Name of Mother, Maggie Andrew

6. Mother's Maiden Name, Maggie Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Smith

9. Father's Occupation, Adgen

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Crescentia Luedel

Address, 11 North Chapel street for Crescentia Luedel

Remarks, Healthy

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 41060

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Aug 5 1880  
4. Place of Birth (Street and Number) 396 Townsend  
5. Full Name of Mother E. C. (Hamill) Meredith  
6. Mother's Maiden Name Hamill  
7. Mother's Birthplace Balto  
8. Full Name of Father J. E. Meredith  
9. Father's Occupation Int. Rev.  
10. Father's Birthplace Winchester Va  
Name of Medical Attendant, or other Person who makes this Return J. R. Page M.D.  
Address 220 Lincoln Ave.  
Remarks R.O.C. Tediious but otherwise normal.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111061

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 5th 1880

4. Place of Birth, (Street and Number)

32 Union st

5. Full Name of Mother,

Julia Renne

6. Mother's Maiden Name,

Julia Schneck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Will. Renne

9. Father's Occupation,

Stonecutter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Schlifer

Address,

20 Columbia st.

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth, .....

25<sup>th</sup> August

4. Place of Birth, (Street and Number) .....

15 Fountain St

5. Full Name of Mother; .....

Elizabeth Hartlore

6. Mother's Maiden Name, .....

English

7. Mother's Birthplace, .....

Baltimore

8. Full Name of Father, .....

George Hartlore

9. Father's Occupation, .....

Brick Maker

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address, .....

12 Patterson Park Ave

Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

41063

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Female

3. Date of Birth

August 3

4. Place of Birth, (Street and Number)

405 Hope Alley Baltimore

5. Full Name of Mother

Harriet Wallace

6. Mother's Maiden Name

Gordon

7. Mother's Birthplace

Washington

8. Full Name of Father

Andrew Wallace

9. Father's Occupation

Cauldrier

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ann Nash

Address

Remarks

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the matron name of the mother of each child or children.

# RETURN OF A BIRTH,

410611

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 5 Aug 80
4. Place of Birth, (Street and Number) 1-6 Hyde Court, Balto
5. Full Name of Mother Sarah Smith
6. Mother's Maiden Name Harrel
7. Mother's Birthplace Baltimore
8. Full Name of Father Stephen Smith
9. Father's Occupation Coin Maker
10. Father's Birthplace Long Hill
- Name of Medical Attendant, or other Person who makes this Return. Wm Ann Ash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

41065

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4  
Female.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Bank St. Aug 5<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

258 Balt. M.D.

5. Full Name of Mother

Emily M. White-Jefferson

6. Mother's Maiden Name

White

7. Mother's Birthplace

Summersdt. Co. M.D.

8. Full Name of Father

Robert, Warren Jefferson

9. Father's Occupation

Wagonmaker

10. Father's Birthplace

Isles Co. Delaware.

Name of Medical Attendant, or other Person who makes this Return.

W. A. Davenport

Address

194 E. 8th St.

Remarks

All in excellent

Condition.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth Aug. 3<sup>rd</sup> 1880
  4. Place of Birth, (Street and Number) Baltimore Ramsey St.
  5. Full Name of Mother Mary Hemmich
  6. Mother's Maiden Name Daeshman
  7. Mother's Birthplace Germany
  8. Full Name of Father William Hemmich
  9. Father's Occupation Miller
  10. Father's Birthplace Washington
- Name of Medical Attendant, or other Person who makes this return. Thos. A. Whitwell  
Address 5140 Ramsey St.  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



41067

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Susan Meeds 5 small*

1. Sex (state whether Male or Female) *Male 5*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Thursday 5*

4. Place of Birth (Street and Number) *1028 N. Fair street*

5. Full Name of Mother *Susan Johnson*

6. Mother's Maiden Name

7. Mother's Birthplace *Mother Maryland*

8. Full Name of Father *John Meeds jr. Mans. Court*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Further Birthplace*

Name of Medical Attendant, or other Person who makes this Return *Susan Maglin 47 N. Duke*

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41065

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *August 5th 1880*
4. Place of Birth, (Street and Number) *5 Davis Street*
5. Full Name of Mother, *Sarah Turner*
6. Mother's Maiden Name, " "
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Arthur Turner*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Anelia Johnson*

Address, *6 Hamilton Street*

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41069

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5 of August 1880

4. Place of Birth, (Street and Number)

No 72 Fort St.

5. Full Name of Mother,

Mary Marschel

6. Mother's Maiden Name,

Mary Kelly

7. Mother's Birthplace,

Richmond, Virginia

8. Full Name of Father,

John Marschel

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sabina Quisenberry

Address,

No 125 West St. 1880

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41070

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>.*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *August 5<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *117 Banks st.*
5. Full Name of Mother *Lizzie Barth*
6. Mother's Maiden Name *" Justus*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jacob Barth*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. C. Bernstein*
- Address *113 E. Lombard St.*
- Remarks

1. The birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3<sup>rd</sup>

1. Sex, (state whether male or female).... boy

2. Race or Color, (if not of the white race).... white

3. Date of Birth, August 5<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 157 Washington St Baltimore city

5. Full Name of Mother, Mary Ellen Connors McEann

6. Mother's Maiden Name, Mary Ellen Connors

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, John Connors McEann

9. Father's Occupation, Laborer

10. Father's Birthplace, York County, Pa

Name of Medical Attendant, or other Person who makes this Return, Mary E. Connors

Address, 171 South Washington St

Remarks,

advise at the birth of any child, to the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *august the 5 1880*

4. Place of Birth, (Street and Number) *Baltimore Easton St No 270*

5. Full Name of Mother, *Maggie Bell*

6. Mother's Maiden Name, *White*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father,

9. Father's Occupation, *Alexandria Bell Waiter*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mary A Dorsey*  
*88 Oxford St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 5 1880*
4. Place of Birth (Street and Number) *24 S Carrollton Ave*
5. Full Name of Mother *Heida Davis*
6. Mother's Maiden Name *" Bennett*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John H Davis*
9. Father's Occupation *Finer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Rogers M.D.*
- Address *Wm Rogers Baltimore Md*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 5th 1880

4. Place of Birth (Street and Number)

210 E Lombard St.

5. Full Name of Mother

Mary A Joynes

6. Mother's Maiden Name

Loringston

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

David J. Joynes

9. Father's Occupation

Captain of Boat

10. Father's Birthplace

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

E. B. Bittoro M.D.  
57 So. Broadway

Address

Remarks

That any physician, accouchonr, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

241075

*To the Office of Registrar of Vital Statistics, Board of Health,*  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. *Mother's Maiden Name*

### 7. Mother's Birthplace

8. *Full Name of Father*

### 9. Father's Occupation

### 10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41076

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 5<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

65 Portland

5. Full Name of Mother

Joanna L. Tyler

6. Mother's Maiden Name

Leahy

7. Mother's Birthplace

Bath City

8. Full Name of Father

Daniel Webster Tyler

9. Father's Occupation

Labourer

10. Father's Birthplace

Bath City

Name of Medical Attendant, or other Person who makes this Return.

J. H. Stackel  
76 Stackel

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *August 6<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *Clayton Row No. 2*
5. Full Name of Mother *Mary Elizabeth James*
6. Mother's Maiden Name *Mary Elizabeth Watkins*
7. Mother's Birthplace *Baltimore County Md*
8. Full Name of Father *Charles James*
9. Father's Occupation *Gardener*
10. Father's Birthplace *Baltimore County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Martha Moore midwife*
- Address *No 3 Clayton Row*
- Remarks *all well and doing well*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 111078

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

August 6<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

141 Block

5. Full Name of Mother

Anna M. Hensen

6. Mother's Maiden Name

" " Margeretta

7. Mother's Birthplace

8. Full Name of Father

Chs. Hensen

City

9. Father's Occupation

Mariner

10. Father's Birthplace

Norway

Name of Medical Attendant, or other Person who makes this return.

Elizabeth Betz

Address

120 Bank St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41079

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 5 1880*
4. Place of Birth (Street and Number) *44 North Ave.*
5. Full Name of Mother *Catherine J. J. J.*
6. Mother's Maiden Name *Kitt*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *John J. J. J.*
9. Father's Occupation *Carriage Maker*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. J. J. J.*
- Address *201 N. 1st St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41080

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

August 6th 1880

4. Place of Birth, (Street and Number)

Stockholm St

5. Full Name of Mother,

Mrs Rachel Johnson

6. Mother's Maiden Name,

A. A. C. T. M.

7. Mother's Birthplace,

Richard Johnson

8. Full Name of Father,

Genl. S. A.

9. Father's Occupation,

A. A. C. T. M.

10. Father's Birthplace,

Sarah Hall

Name of Medical Attendant, or other Person who makes this Return.

Address,

22 Stockholm St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41051

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 6th 1880

4. Place of Birth (Street and Number) Baltimore Hill # 1051

5. Full Name of Mother Mary Ellen Gargnead

6. Mother's Maiden Name Rane

7. Mother's Birthplace Ireland

8. Full Name of Father Alfred Gargnead

9. Father's Occupation Laborer

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Scarborough

Address No. 220 Montgomery St. Balt.

Remarks

FILE THIS RETURN, UNLESS IT IS THE CASE OF PERSON IN CHARGE, WITH HEALTH ASSISTANT, DEPUTY OR ADVISOR AT THE BIRTH OF ANY CHILD, WITHIN THE CITY OF BALTIMORE, SHALL REPORT TO THE REGISTRAR AFORESAID, WITHIN SIX DAYS THEREAFTER, STATING DISTINCTLY THE DATE OF BIRTH, SEX, AND COLOR OF THE CHILD OR CHILDREN BORN, ITS OR THEIR PHYSICAL CONDITION, WHETHER STILL-BORN OR NOT, THE FULL NAME, NATIVITY, AND RESIDENCE OF THE PARENTS, AND THE MAIDEN NAME OF THE MOTHER OF SUCH CHILD OR CHILDREN.

# RETURN OF A BIRTH

141082

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 6<sup>th</sup> August

4. Place of Birth, (Street and Number)

Paterson Street No. 231 =

5. Full Name of Mother,

Barbara

6. Mother's Maiden Name,

Barbara

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary St. John

Address,

69 Maryland St

Remarks,

Mary St. John

Give city & residence, name of child, sex, date of birth, name of mother, name of father, name of medical attendant, and date of birth of child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44083

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Boys White

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th August 1882

4. Place of Birth, (Street and Number)

100 Washington St No 405

5. Full Name of Mother,

Samuel M. M. M.

6. Mother's Maiden Name,

Samuel M. M.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel M. M.

9. Father's Occupation,

Samuel M. M.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Samuel M. M.

Address,

67 Washington St

Remarks,

Samuel M. M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 6 1880
4. Place of Birth (Street and Number) No. 11 Woodward street
5. Full Name of Mother Katie Baker
6. Mother's Maiden Name Katie Kile
7. Mother's Birthplace Germany
8. Full Name of Father William Baker
9. Father's Occupation Labor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Schmitt
- Address No. 416 Penna Avenue
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

141055

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

White

3. Date of Birth \_\_\_\_\_

Aug. 6<sup>th</sup> 1898

4. Place of Birth, (Street and Number) \_\_\_\_\_

Baltimore Ramsey St. No. 138

5. Full Name of Mother \_\_\_\_\_

Elizabeth Minnsett

6. Mother's Maiden Name \_\_\_\_\_

Remond

7. Mother's Birthplace \_\_\_\_\_

Baltimore

8. Full Name of Father \_\_\_\_\_

Robert Minnsett

9. Father's Occupation \_\_\_\_\_

Laborer

10. Father's Birthplace \_\_\_\_\_

Baltimore

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Dr. Wm. C. Whitwell

Address \_\_\_\_\_

1414 Ramsey St.

Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 6th 1880*
4. Place of Birth (Street and Number) *" 10 W. Myoming St*
5. Full Name of Mother *Johanna Etzel*
6. Mother's Maiden Name *Johanna Meisnerhalder*
7. Mother's Birthplace *Wurttemberg*
8. Full Name of Father *John Julian Etzel*
9. Father's Occupation *Driver*
10. Father's Birthplace *Geiser S. W. Eisenberg*
- Name of Medical Attendant, or other Person who makes this Return. *Leander Knipf*
- Address *No. 26 N. Trumbull St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41087

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *august 6 1880*
4. Place of Birth (Street and Number) *142 blington st*
5. Full Name of Mother *rose saugeny*
6. Mother's Maiden Name *rose burke*
7. Mother's Birthplace *ireland*
8. Full Name of Father *patrik saugeny*
9. Father's Occupation *laborer*
10. Father's Birthplace *ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel ann garrett*
- Address *65 burke st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41088

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) White

3. Date of Birth August 6<sup>th</sup>

4. Place of Birth (Street and Number) 36 Walling Street Baltimore

5. Full Name of Mother Kate Brewster

6. Mother's Maiden Name Kate Whern

7. Mother's Birthplace Baltimore

8. Full Name of Father John Brewster

9. Father's Occupation Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Whern

Address 220 Eden Street

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41089

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

August 6/1880

307 Eager & Somerset St.

Emma Hogan

Emma Hansen

Baltimore

Hugh Hogan

Driver

Baltimore

Harry A. Atwell

276 W. Denagh St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41090

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Harry Edward Elgert



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth August 1st 1889

4. Place of Birth, (Street and Number) No 212 N. Ydg.

5. Full Name of Mother Ellen E. Elgert

6. Mother's Maiden Name Ellen E. Davis

7. Mother's Birthplace Baltimore

8. Full Name of Father John A. Elgert

9. Father's Occupation Harness Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address 386 E. D. Magh St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. Wm. Lockhill  
428 E. Baltimore St  
23 S. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *August 6, 1880*  
 4. Place of Birth (Street and Number) *207 Holling St*  
 5. Full Name of Mother *Elizabeth Lightner*  
 6. Mother's Maiden Name *" Prantner*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *G. Henry Lightner*  
 9. Father's Occupation *Barber*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *N. S. Kasper (M.D.)*  
 Address *W. 14th St. Baltimore*  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



2nd

Male

White

Aug 6<sup>th</sup> 1880

179<sup>th</sup> Hanover St.

Mary S. Stoe

Martin

Mary Land

Charles Stoe

Barber

Italy

R. G. Lee

Hanover & Bond



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.) ...

1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 6<sup>th</sup> 1880* *Montgomery St*
4. Place of Birth, (Street and Number)
5. Full Name of Mother, *Susan Odell*
6. Mother's Maiden Name, *Susan Apple*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Benjamin Odell*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Professina M. King*  
or other Person who makes this Return.

Address, *45 Loringfull St*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 6 1888
4. Place of Birth (Street and Number) 423 Larnvale St
5. Full Name of Mother Luna Hanes
6. Mother's Maiden Name A. Worthington
7. Mother's Birthplace Id.
8. Full Name of Father W. Hanes
9. Father's Occupation clerk
10. Father's Birthplace Id.
- Name of Medical Attendant, or other Person who makes this Return. J. W. Littlejohn
- Address 171 W. Monument St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 6 1899

4. Place of Birth (Street and Number) 208 McCulloch st

5. Full Name of Mother Anna Becker

6. Mother's Maiden Name E. Meyer

7. Mother's Birthplace Prussia

8. Full Name of Father Eugene Becker

9. Father's Occupation Mechanic

10. Father's Birthplace US

Name of Medical Attendant, or other Person who makes this Return. D. H. Miltner

Address 1217 McCulloch st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 6/1891

4. Place of Birth (Street and Number) 804 W. Bazar St

5. Full Name of Mother Caroline H. Pagon

6. Mother's Maiden Name Caroline H. Patterson

7. Mother's Birthplace Baltimore

8. Full Name of Father W. H. Pagon

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. H. Williams

Address 127 W. Bazar St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 6  
Male

White

August 6, 1880

2 E. Cor. Chase & Argus Sts.

Elizabeth Coffey

Elizabeth Coghan

Maryland

John Coffey

State Keeper

Ireland

D. H. Honck M.D.

73 E. Baltimore St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *colored*  
3. Date of Birth *August 7th*  
4. Place of Birth (Street and Number) *no 85 Church St*  
5. Full Name of Mother *Jane Rebecca Brown*  
6. Mother's Maiden Name *Jane Rebecca Brown*  
7. Mother's Birthplace *Colbert County*  
8. Full Name of Father *Charles Edward Under*  
9. Father's Occupation *laborer*  
10. Father's Birthplace *Colbert County*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs Lydia Porter*  
Address *no 4 patheys corner*  
Remarks *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence and name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth August 7th 90

4. Place of Birth, (Street and Number) 91 Lee St

5. Full Name of Mother Mary Schmidt

6. Mother's Maiden Name " Graubender

7. Mother's Birthplace Baltimore

8. Full Name of Father Adam Schmidt

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutamia

Remarks \_\_\_\_\_

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 August

4. Place of Birth, (Street and Number)

134 N. Carolina

5. Full Name of Mother,

Marie Stenger

6. Mother's Maiden Name,

Heick

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Fred Stenger

9. Father's Occupation,

Peper hanger

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Cooper

Address,

52 E Lombard

Remarks,



advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 August  
2 Watson

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Emilie Krapp  
Redloff

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany  
August Krapp

8. Full Name of Father,

9. Father's Occupation,

Matras maker  
Germany

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Casper

Address,

52 E Lombard

Remarks,

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Carola

3. Date of Birth:

August 7

4. Place of Birth (Street and Number)

No 6 Peach Alley

5. Full Name of Mother

Kuley East

6. Mother's Maiden Name

" " Miles

7. Mother's Birthplace

Somerset County Md

8. Full Name of Father

John East

9. Father's Occupation

Drayman

10. Father's Birthplace

Cambridge Md

Name of Medical Attendant, or other Person who makes this Return.

Mary S Dennis

Address

met wife No 21 Peach Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd  
Male  
White  
August 7<sup>th</sup> 1889  
15 North St  
Elizabeth Conn  
Elizabeth Andrews  
Montgomery Co. Md  
John Conn  
Carpenter  
Baltimore Co. Md  
Elizabeth Cook, Md  
1100 Hanover St

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41105

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Pencoth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *August 7th 1880*
4. Place of Birth, (Street and Number) *155 Pierce Street*
5. Full Name of Mother, *Ana Neal*
6. Mother's Maiden Name, *" Covington*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Joseph Neal*
9. Father's Occupation, *Coloier*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address, *6 Hamilton Street*
- Remarks,

In of any child, within the City of Baltimore, shall report to the registrar aforesaid, hereafter, stating distinctly the date of birth, sex, and color of the child or children physical condition, whether still-born or not, the full name, nativity, and residence of the mother, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 of August 1880
4. Place of Birth, (Street and Number) No 132 Btry. St.
5. Full Name of Mother, Grace Barchal.
6. Mother's Maiden Name, Grace Eagle
7. Mother's Birthplace, Wendenburg
8. Full Name of Father, William Barchal
9. Father's Occupation, Bar Keep
10. Father's Birthplace, Russia

Sabina Giesche

Witnessed by Minister, Justice, or other Person who

notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st August 1880
4. Place of Birth, (Street and Number) No 132 Baty St.
5. Full Name of Mother, Grace Baehal.
6. Mother's Maiden Name, Grace Eagle
7. Mother's Birthplace, Wendenburg
8. Full Name of Father, William Baehal
9. Father's Occupation, Bakery
10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other Person who makes this Return, Sabina Gieschebe
- Address, No 25 West St 1880
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, on or before the day of birth, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7* *Childson*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st of August 1880*
4. Place of Birth, (Street and Number) *No 155 Bating. Av.*
5. Full Name of Mother, *Henla B. L. H.*
6. Mother's Maiden Name, *Henla Eagle*
7. Mother's Birthplace, *Wash. Co. Md.*
8. Full Name of Father, *Fred. Bluff*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Schuyler*
- Name of Medical Attendant, or other Person who makes this Return. *Sabina L. Nicholas*
- Address, *No 128 West St. 1880*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 7.

4. Place of Birth, (Street and Number) James Kent Pl. Dr.

5. Full Name of Mother Ratie Lambhagen

6. Mother's Maiden Name John

7. Mother's Birthplace Germany

8. Full Name of Father Henry Lambhagen

9. Father's Occupation Barkeeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Lambhagen

Address No. 10 Grand St.

Remarks



That any Physician, accoucheur, midwife, or other person attending at the birth of any child, within the City of Baltimore, should thereafter, stating distinctly the date of birth, sex, and color, condition, whether still born or not, the full name, nativity, name of the mother of such child or children.

4. Place of Birth, (Street and Number) 128 S. Central Ave.  
5. Full Name of Mother Ratie L. Lumbard  
6. Mother's Maiden Name Lohr  
7. Mother's Birthplace Germany  
8. Full Name of Father Henry L. Lumbard  
9. Father's Occupation Gas Keeper  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Joseph L. Lumbard  
Address No. 10. Granby St.  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 7. 1880.*
4. Place of Birth, (Street and Number) *Flann Head St. No 89.*
5. Full Name of Mother, *Sophia Deiss*
6. Mother's Maiden Name, *Sophia Winter*
7. Mother's Birthplace, *Balt<sup>y</sup> City*
8. Full Name of Father, *John Deiss*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Balt<sup>y</sup> City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *N. Dallas St. No 26.*

Remarks,

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

August 7th 1880

4. Place of Birth, (Street and Number)

No 338, Orleans

5. Full Name of Mother

Anne E. Gray

6. Mother's Maiden Name

Anne E. Vickery

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles H. Gray

9. Father's Occupation

Car Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mary N. Allwell

Address

186 - 110 Duncannon St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11111

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one of two*
1. Sex, (state whether male or female) *Male Child*
  2. Race or Color, (if not of the white race) *Colored Race*
  3. Date of Birth, *August the 7 1889*
  4. Place of Birth, (Street and Number) *12 Jefferson St Court Baltimore Md*
  5. Full Name of Mother, *Lucinda Johnson*
  6. Mother's Maiden Name, *Lucinda Saul*
  7. Mother's Birthplace, *Baltimore County Md*
  8. Full Name of Father, *Henry Johnson*
  9. Father's Occupation, *Laborer*
  10. Father's Birthplace, *Dorchester County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Wofford*
- Address, *130 N Register St Baltimore Md*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether ~~Male~~ or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) White

3. Date of Birth August 15th 1880

4. Place of Birth (Street and Number) 162 S Exeter St

5. Full Name of Mother Josephine Freeburger

6. Mother's Maiden Name Biddle

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry G Freeburger

9. Father's Occupation Salver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W H Stiffles deuffer

Address 2 High St

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, .....

Aug 7<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

Mulberry & Park

5. Full Name of Mother,

Mary R. Stewart

6. Mother's Maiden Name,

Mary Rosenskiel

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Chas. J. Stewart

9. Father's Occupation,

Telegraph Operator

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

F. E. Chataub Jr

Address,

114 Park

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First born  
Female  
White  
August 7th 1880  
176 Ramsey St  
Alice Miss Brown  
" J. Higley  
York, Pa  
Genl. G. Brown  
Genl. Cab  
City  
Mrs D. Blake  
168 W. Paca St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 8 / 80

4. Place of Birth (Street and Number)

380 M. Gilman

5. Full Name of Mother

Laura V Davidson

6. Mother's Maiden Name

Powder

7. Mother's Birthplace

Md

8. Full Name of Father

Paul Davidson

9. Father's Occupation

Chick

10. Father's Birthplace

Md

Name of Medical Attendant, or other Person who makes this Return.

Thos Apie M.D.

Address

581 Lexington St.

Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) month of 3
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth August 8
4. Place of Birth, (Street and Number) Baltimore Fulton St No. 251
5. Full Name of Mother Emeline Camper
6. Mother's Maiden Name Emeline Penn
7. Mother's Birthplace Dorchester County
8. Full Name of Father William James Camper and
9. Father's Occupation laborer
10. Father's Birthplace Dorchester County Md
- Name of Medical Attendant, or other Person who makes this return. \_\_\_\_\_
- Address 215 Mountgomer St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

141118

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

White

3. Date of Birth \_\_\_\_\_

8 August

4. Place of Birth, (Street and Number) \_\_\_\_\_

Lacoste Point

5. Full Name of Mother \_\_\_\_\_

Edna Seberhuson

6. Mother's Maiden Name \_\_\_\_\_

Edna Pranger

7. Mother's Birthplace \_\_\_\_\_

Baltimore

8. Full Name of Father \_\_\_\_\_

Garhart Seberhuson

9. Father's Occupation \_\_\_\_\_

Carpenter

10. Father's Birthplace \_\_\_\_\_

Germany

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Margie E. Hel

Remarks \_\_\_\_\_

No 13 Seberhuson Street

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physician's address, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 111119

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 11<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 8<sup>th</sup> 1880

4. Place of Birth, (Street and Number) # 189 Caroline st.

5. Full Name of Mother Anna Stahl

6. Mother's Maiden Name Anna Rathenau

7. Mother's Birthplace Baltimore

8. Full Name of Father Frederick Stahl

9. Father's Occupation Book Layer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena H. Hegest.

Address 182 E Monument st

Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

41120

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

(state whether Male or Female) *Female*

or Color (if not of the white race) *White*

of Birth

of Birth (Street and Number)

Name of Mother

her's Maiden Name

her's Birthplace

Name of Father

her's Occupation

her's Birthplace

me of Medical Attendant, or other Person who makes this Return.

dress

works

*8 days of August*  
*Baltimore corner street 387*

*Mary Robbins*

*Mary Wend*

*Baltimore*

*William Henry Robbins*

*Oyster can maker*

*Dorchester county Md*

*Lathine Davis M D*

*106 South Charles St*

*Lin. Child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH, 11121

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Thirteenth*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *August 8<sup>th</sup> 1880*

4. Place of Birth, (Street and Number) *309 E. Pratt St.*

5. Full Name of Mother *Fredenicka Gehrman*

6. Mother's Maiden Name *Fredenicka Gehrman*

7. Mother's Birthplace *Braunschweig, Germany*

8. Full Name of Father *Fredrick Ghrman*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Wittenburg, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Nicholas L. Dashiell*

Address *207 E. Broadway*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111221

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 8th 1880*
4. Place of Birth (Street and Number) *153 Conway St*
5. Full Name of Mother *Mary Flinn*
6. Mother's Maiden Name *Mary Harman*
7. Mother's Birthplace *Balto Md*
8. Full Name of Father *John Flinn*
9. Father's Occupation *Gas Fitter*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Le A Lewis*
- Address *167 Hammer St*
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141123

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 8<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

13 S. Carrollton ave.

5. Full Name of Mother

Ella Murdock

6. Mother's Maiden Name

Ella Price

7. Mother's Birthplace

Washington Co. Md.

8. Full Name of Father

Geberth Otto Adolph

9. Father's Occupation

Merchant

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. J. M. P.  
J. J. M. P.  
554 N. Broadway St

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

411211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) white male
2. Race or Color, (if not of the white race) white
3. Date of Birth August 8th 1880
4. Place of Birth, (Street and Number) Chester at near Oliver
5. Full Name of Mother Rachel Hornick
6. Mother's Maiden Name Rachel Hornick
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Leonard Hornick
9. Father's Occupation wood Turner
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Lemij Mesenzehl
- Address 345 Penna or
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11125

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3d of August 1880*
4. Place of Birth, (Street and Number) *15 North Washington Street*
5. Full Name of Mother, *Julia Schmidt*
6. Mother's Maiden Name, *Julia Schmidt*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Alfred Schmidt*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. William Schmidt*  
 Address, *11 North Chapel Street for Julia Schmidt*  
 Remarks, *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 August

4. Place of Birth, (Street and Number)

40 Grandby

5. Full Name of Mother,

Lizzie Freilman

6. Mother's Maiden Name,

Sebbard

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred Freilman

9. Father's Occupation,

Leather finisher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Dora Casper

Address,

52 E Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> and 5<sup>th</sup> (D)  
130th Males

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 8<sup>th</sup> 1880

4. Place of Birth (Street and Number)

257 N. Caroline Street

5. Full Name of Mother

Josephine Peters

6. Mother's Maiden Name

" Martley  
Baltimore County

7. Mother's Birthplace

8. Full Name of Father

Henry Peters

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Charles H. Thomas M.D.

Address

55 E. Baltimore Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup> Child.

1. Sex (state whether Male or Female).

Male.

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 8. 1880.

4. Place of Birth (Street and Number)

185 Canollton Ave.

5. Full Name of Mother

Grace Townsend.

6. Mother's Maiden Name

Grace Mortimer.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Mr. C. Townsend.

9. Father's Occupation

Merchant.

10. Father's Birthplace

Worcester Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address

J. P. Powell M.D.  
1227 Canollton Ave.

Remarks

Child Healthy.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41130

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Aug. 6

4. Place of Birth, (Street and Number)

53. St. Paul

5. Full Name of Mother,

Orthodoxia Lee

6. Mother's Maiden Name,

P. Fontenay

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

H. H. Lee

9. Father's Occupation,

Insurance Agent

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other Person who makes this Return.

D. Smith M.D.

Address,

142 N. Enoch St

Remarks, - Position L.O.L. a - Labor - normal - 9 hrs

rel

NOTE: Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, signing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *August 8<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *No. 200 Dallas St. Balt. Md.*
5. Full Name of Mother, *Emma Langley*
6. Mother's Maiden Name, *Emma Bell*
7. Mother's Birthplace, *W. folk*
8. Full Name of Father, *George Langley*
9. Father's Occupation, *Mariner*
10. Father's Birthplace, *W. folk*
- Name of Medical Attendant, or other Person who makes this return. *Leah Walker*
- Address, *No. 9 Duquins Alley, Bk. Lombard St.*
- Remarks, *Child in good health.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41132

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

4 o'clock P.M. Sunday Aug 8<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Cor Clinton & Lome Sts (belt)

5. Full Name of Mother

Mary Gaverkamp

6. Mother's Maiden Name

Mary Buckle

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Henry Gaverkamp

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Germany

Name of Medical Attendant,

or other Person who makes this Return.

J. P. Richard M.D.

Address

28 O'Donnell St

Remarks

Brach presentation. The head was delivered with  
(The child was in a coma for asphyxia was resuscitated  
Forseps. Both mother and child are doing well now  
11 o'clock P.M. Sunday, 8<sup>th</sup>

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41133

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Yellow Complexion*
3. Date of Birth, *August 8th 1880*
4. Place of Birth, (Street and Number) *42 Hochhoffer St*
5. Full Name of Mother, *Emily Jane Hammond*
6. Mother's Maiden Name, *Emily Jane Correll*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Hammond*
9. Father's Occupation, *Laborer in Brickyard*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Sarah Hall*
- Address, *No 22 Hochhoffer Street*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

111311

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8th Baltimore August 188*

4. Place of Birth, (Street and Number) *Baltimore Bay St No 328*

5. Full Name of Mother, *Mary Lloyd*

6. Mother's Maiden Name, *Stolowassa*

7. Mother's Birthplace, *Berlin*

8. Full Name of Father, *Andrew Tropeau*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *George H. Smith*  
or other Person who makes this Return.

Address, *69 Washington*

Remarks, *Mary H. Smith*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111133

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth 2d day of Aug. 1880
4. Place of Birth, (Street and Number) 116 McHenry St
5. Full Name of Mother Anna Heisler
6. Mother's Maiden Name Balto
7. Mother's Birthplace Balto
8. Full Name of Father William Heisler
9. Father's Occupation neat
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Mr. Miller
- Address 1017 W. Balto St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41136

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Oct. 5 of Aug. 1880

4. Place of Birth, (Street and Number)

60 Fred. Ave.

5. Full Name of Mother

Betty Clapham

6. Mother's Maiden Name

Betty Miller

7. Mother's Birthplace

Sachsen G.

8. Full Name of Father

Charley Clapham

9. Father's Occupation

Worker

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mr. Miller

Address

1617

Balt

Remarks

# RETURN OF A BIRTH, 4113

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 8<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 98 Fort Ave

5. Full Name of Mother Annia Elizabeth Roades

6. Mother's Maiden Name Annia Elizabeth Cummings

7. Mother's Birthplace Rochester N.Y. Md

8. Full Name of Father Alexander Roades

9. Father's Occupation Fisherman

10. Father's Birthplace Elect Spending

Name of Medical Attendant, or other Person who makes this Return Elizabeth Donaldson

Address 452 Fort Ave

Remarks Mother and Child in good health Both Parents

Americans

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ male or female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Aug 8th (80)  
197 Baltimore St.  
Anna C. Bechtel  
Anna C. Schaeffer  
Baltimore, Md.  
Edward Becker  
Collar Maker  
Philadelphia Pa.  
John L. C. Meyer M.D.  
City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *August 8 1880*

4. Place of Birth (Street and Number) *67 Burke St*

5. Full Name of Mother *Janey Marchel*

6. Mother's Maiden Name *Janey Simons*

7. Mother's Birthplace *Baltimore city*

8. Full Name of Father *John Marchell*

9. Father's Occupation *laborer*

10. Father's Birthplace *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*

Address *67 Burke St*

Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 8, 1880.*
4. Place of Birth, (Street and Number) *N. Bond St. No 205.*
5. Full Name of Mother, *Fanny Tillman*
6. Mother's Maiden Name, *Fanny Harrisburg*
7. Mother's Birthplace, *Balt<sup>o</sup> City*
8. Full Name of Father, *Philip Tillman*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Balt<sup>o</sup> City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St. No 26.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

August 8<sup>th</sup> 1880

4. Place of Birth (Street and Number)

N. W. Cor. Fort & Battery Aves.

5. Full Name of Mother

Catharine Rollins

6. Mother's Maiden Name

Catharine Krebs.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Thomas Rollins.

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. B. Fishburne

Address

Cor. Light & Lehigh

Remarks

An 8 month child and doing well now.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 child

(state whether Male or Female)

female

or Color (if not of the white race)

Colored

of Birth

August 8<sup>th</sup> 1880

of Birth (Street and Number)

Baltimore No 27 Walk. St.

Name of Mother

Elizab. A. Mossell

er's Maiden Name

Elizab. A. King

er's Birthplace

Annapolis Co

Name of Father

Geo. H. Mossell

er's Occupation

Scourman

er's Birthplace

Calvert County

of Medical Attendant, or other Person who makes this Return

Baltimore

res

No 144 Walker St

marks

Nothing

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth Aug 8th 1880
4. Place of Birth, (Street and Number) 256 Sharp St
5. Full Name of Mother Anna Hoop
6. Mother's Maiden Name Hickman
7. Mother's Birthplace America
8. Full Name of Father Louis Hoop
9. Father's Occupation Goldsmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Schaeffer midwife
- Address 330 Hanover St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2<sup>nd</sup>*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *Aug. 8<sup>th</sup> 1880.*  
4. Place of Birth (Street and Number) *Maternity, 161 W. Lombard St.*  
5. Full Name of Mother *Annie Wilson.*  
6. Mother's Maiden Name *" "*  
7. Mother's Birthplace *Balto. Md.*  
8. Full Name of Father *Unknown.*  
9. Father's Occupation *"*  
10. Father's Birthplace *"*  
Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free, M.D.*  
Address *Maternity Hospital, 161 W. Lombard St.*  
Remarks *Balto., Md.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111145

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
8th Aug 1883  
279 E. Camden St.  
B. Holzner  
German  
Samuel Holz  
Battle Dealer  
German  
Mary J. Waller  
125 W. Maryland Bldg

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *August 8 1880*  
4. Place of Birth (Street and Number) *N. 21 Abbey Alley*  
5. Full Name of Mother *Mary Corcoran*  
6. Mother's Maiden Name *Mary Egan*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *John Corcoran*  
9. Father's Occupation *Boiler-maker*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return *Katharine Horner*  
Address *N. 106 West*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mr. C.

Colored

Aug. 8

16 Goodman

Margaret Shiles

Margaret Shiles

Summit St. City

Nathan Shiles

brick layer

Summit St. Cornhill

Eusebia Butler

222 West St



notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 of August 1880

4. Place of Birth, (Street and Number)

87 Cambridge st  
Mary Ellen Appel

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ingersoll Co  
Fredrick Appel

8. Full Name of Father,

9. Father's Occupation,

Saloon

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address,

No 12 Patterson Park No

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141149

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 8/92

4. Place of Birth (Street and Number)

658 Suraboga St

5. Full Name of Mother

Florence Hussman

6. Mother's Maiden Name

" Leonard

7. Mother's Birthplace

Bedford Co

8. Full Name of Father

Henry Hussman

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. H. Keane (M.D.)

Address

1101 N. E. 1st St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether male or female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug 5/94*  
4. Place of Birth (Street and Number) *St. Mount. St*  
5. Full Name of Mother *Laura J. Lehner*  
6. Mother's Maiden Name *" " Howell*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Charles A. Lehner*  
9. Father's Occupation *Book binder*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *W. H. Keegan, M.D.*  
Address *111150*  
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*  
Sex, (state whether male or female) *Female*  
Race or Color, (if not of the white race)  
Date of Birth, *Aug. 8<sup>th</sup> 1880.*  
Place of Birth, (Street and Number) *326 Hamburg St.*  
Full Name of Mother, *Lena Tiedeman,*  
Mother's Maiden Name, *" Daubert,*  
Mother's Birthplace, *Germany.*  
Full Name of Father, *Henry Tiedeman*  
Father's Occupation, *Porter.*  
Father's Birthplace, *Germany,*  
Name of Medical Attendant, *R. J. H. Tall, M.D.*  
or other Person who makes this Return.  
Address, *152 S. Sharp St.,*  
Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup> Child*  
1. Sex, (state whether male or female) *Male.*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *Aug. 8<sup>th</sup> 1880.*  
4. Place of Birth, (Street and Number) *236 William St.*  
5. Full Name of Mother, *Anna Fowler.*  
6. Mother's Maiden Name, *" Ritter.*  
7. Mother's Birthplace, *Balt. City.*  
8. Full Name of Father, *Monroe Fowler.*  
9. Father's Occupation, *Engineer.*  
10. Father's Birthplace, *Balt. Co.*  
Name of Medical Attendant, *W. J. N. Tall. M.D.*  
or other Person who makes this Return.  
Address, *15-2 Sharp St.*  
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8  
Male

Aug. 8 - 1880

75 Hillmann  
Mary Blomberg

Kalmer

Germany  
Hermann Blomberg

Organ Builder

Germany

Mary Klein

151 E. Pratt St

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

May. 8 - 1880

4. Place of Birth (Street and Number)

138 S. Eden St.

5. Full Name of Mother

Mary Sewel

6. Mother's Maiden Name

Yaeger

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George D. Sewel

9. Father's Occupation

Turner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address

151 E. Pratt St.

Remarks

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) Col  
3. Date of Birth Aug 8th 1880  
4. Place of Birth, (Street and Number) 37 William St.  
5. Full Name of Mother Laura Barney  
6. Mother's Maiden Name " Mary  
7. Mother's Birthplace Balt.  
8. Full Name of Father J. Barney  
9. Father's Occupation Ice Dealer  
10. Father's Birthplace Balt.  
Name of Medical Attendant, or other Person who makes this return. Mrs. Mary A. Richmond  
Address 185 E. 12th St.  
Remarks \_\_\_\_\_



That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111156

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 8<sup>th</sup>

4. Place of Birth, (Street and Number) No 115 N. Fremont Street

5. Full Name of Mother Rosalia Strohm

6. Mother's Maiden Name Rosalia Hoff

7. Mother's Birthplace Prussia

8. Full Name of Father Andrew Strohm

9. Father's Occupation Shoemaker Prussia

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Abra. Dunder

No 60 Schroeder Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug. 9th 1881*  
4. Place of Birth (Street and Number) *222 Lombard*  
5. Full Name of Mother *Eliza J. Green*  
6. Mother's Maiden Name *Eliza J. Barnett*  
7. Mother's Birthplace *New York City*  
8. Full Name of Father *John H. Green*  
9. Father's Occupation *Carr-Builders*  
10. Father's Birthplace *Balt. Co. Md.*  
Name of Medical Attendant, or other Person who makes this Return. *Silas Baldwin M.D.*  
Address *152 Lombard St.*  
Remarks *Examine head & limbs, It is not always possible to prescribe ink at the bedside, when it is necessary to procure facts to fill these columns - S.B.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

211158

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth August 9 1880
4. Place of Birth (Street and Number) 283 Durham Street
5. Full Name of Mother Mary C. Bordley
6. Mother's Maiden Name Mary C. Bordley
7. Mother's Birthplace Baltimore County
8. Full Name of Father William Hall
9. Father's Occupation chock man
10. Father's Birthplace harford county
- Name of Medical Attendant, or other Person who makes this Return. Betsy foot
- Address 15 horn street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

Jewish

3. Date of Birth,

4 August

4. Place of Birth, (Street and Number)...

165 Gay Street

5. Full Name of Mother,

Augusta Apple  
Addler

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Jake Apple

8. Full Name of Father,

Shoe Moscher

9. Father's Occupation,

Russia

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

Mrs Rose Allig

Address,

118 Hollander Street

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 41160

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup> Child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 9<sup>th</sup> 4 P.M.
4. Place of Birth, (Street and Number) No. 116 Concord. Balto. city.
5. Full Name of Mother Elizabeth Harris.
6. Mother's Maiden Name Elizabeth Robinson.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Harris.
9. Father's Occupation Carpenter.
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Susan Hunter.
- Address 21 of Koppelman St.
- Remarks \_\_\_\_\_

This may be a father, mother, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 9th

4. Place of Birth, (Street and Number)

No. 70 South Fremont St.

5. Full Name of Mother,

Gertrude Lewis

6. Mother's Maiden Name,

Gertrude Miller

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Alexander Henry Sr.

9. Father's Occupation,

Board & Lake Baker

10. Father's Birthplace,

Baltimore City Maryland.

Name of Medical Attendant, or other Person who makes this return.

Obvs C Seebach

Address,

439 W. Pratt St

Remarks,

Balt.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child

1. Sex (~~state whether Male or Female~~)

White

2. Race or Color (if not of the white race)

3. Date of Birth

August 9<sup>th</sup> 1886

4. Place of Birth (Street and Number)

No. 729 Baltimore St.

5. Full Name of Mother

Elizabeth Albert

6. Mother's Maiden Name

Elizabeth Gries

7. Mother's Birthplace

Hagerstown Md.

8. Full Name of Father

Charles Albert

9. Father's Occupation

Butcher

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. H. Himmitt M.D.

Address

#552 W. Fayette St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 11163

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *Aug. 9. 1880*
4. Place of Birth, (Street and Number) *Fallenstein St. No. 39*
5. Full Name of Mother, *Mary Proth*
6. Mother's Maiden Name, *Hampel*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Harl. B. Proth*
9. Father's Occupation, *Goldschmied*
10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mary Joh. Braubach*  
*S. Wolf St. No. 14* *under*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>* *Second.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 9. 1880*

4. Place of Birth (Street and Number) *39. George St.*

5. Full Name of Mother *Margaret Harrison*

6. Mother's Maiden Name *Margaret Rogers*

7. Mother's Birthplace *Germany*

8. Full Name of Father *George W. Harrison*

9. Father's Occupation *Contractor*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Chas. Harrison*

Address *231 N. Howard St.*

Remarks *Premature Birth - lived only 18 hours.*

*and George W. Harrison*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Anglo-Saxon

3. Date of Birth

Aug 1 - 9 1880

4. Place of Birth (Street and Number)

119 West Madison St

5. Full Name of Mother

Cara Waring Powell

6. Mother's Maiden Name

Cara Waring

7. Mother's Birthplace

Mobile - Ala

8. Full Name of Father

W G W Powell

9. Father's Occupation

Physician

10. Father's Birthplace

Lebanon Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Ref. Dr. Powell M.D.  
87 Franklin St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>  
1. Sex (state whether male or female) Thomas Howard Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth 9<sup>th</sup> of Aug. 1880.  
4. Place of Birth, (Street and Number) 1 Balto. St. Eastward  
5. Full Name of Mother E. Lenzel  
6. Mother's Maiden Name E. Smith  
7. Mother's Birthplace Balt. City  
8. Full Name of Father Jacob Lenzel  
9. Father's Occupation Confectionary  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. Mary J. Waller  
Address 125 N. East Street  
Remarks Balt.  
It has died with Spasms  
on 11<sup>th</sup> day of Aug 1880

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111168

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, august the 9
4. Place of Birth, (Street and Number) Baltimore clay st No 48
5. Full Name of Mother, George anna ringgold
6. Mother's Maiden Name, weeks
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, james ringgold
9. Father's Occupation, waiter
10. Father's Birthplace, Baltimore md
- Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey
- Address, 83 oxford st
- Remarks, The child lived two hours

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st of August 1880

4. Place of Birth, (Street and Number)

No 132 fore No.

5. Full Name of Mother,

Margaret Thomas

6. Mother's Maiden Name,

Margaret Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Thomas

9. Father's Occupation,

Labor

10. Father's Birthplace,

Scaples

Name of Medical Attendant, or other Person who makes this Return.

Sabrina Gaisbecker

Address,

No 123 West St 1880

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th.

1. Sex (state whether Male or Female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 9th 1880

4. Place of Birth (Street and Number)

S. W. Cor. Hanover & Conway sts.

5. Full Name of Mother

Margaret Coleman

6. Mother's Maiden Name

Morgan & Conway

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Coleman

9. Father's Occupation

Blackman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

D. B. Barclay M.D.

Address

47 Conway St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 9th 1880

4. Place of Birth (Street and Number)

Baltimore, ~~Harmon~~ East Lane 127

5. Full Name of Mother

Annie Mitchell

6. Mother's Maiden Name

Noble

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel Mitchell

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Elizabeth Scarborough

Address

No. 220 Montgomery St. Balt.

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 11172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 9th

4. Place of Birth, (Street and Number) 1153 Highland St

5. Full Name of Mother Katie Schaefer

6. Mother's Maiden Name Ruth

7. Mother's Birthplace Germany

8. Full Name of Father Henry Schaefer

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John Simon

Address 1153 Highland St.

Remarks

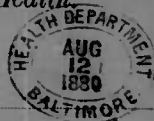


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41173

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12<sup>th</sup>

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

August 9<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Randall St No

5. Full Name of Mother

Annie Hoarvel

6. Mother's Maiden Name

Annie Simms

7. Mother's Birthplace

Baltimore city md

8. Full Name of Father

Charles Hoarvel

9. Father's Occupation

Freight Conductor B & O R

10. Father's Birthplace

Baltimore city, md

Name of Medical Attendant,

or other Person who makes this Return.

Elizabeth Hinton

Address

No 121 East Ave

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth August 9 1880

4. Place of Birth, (Street and Number) N. Broadway No 486.

5. Full Name of Mother Mary A. Schmidt

6. Mother's Maiden Name Mary A. Cassidy

7. Mother's Birthplace Baltimore

8. Full Name of Father Theodore Schmidt

9. Father's Occupation Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address 246 N. Denoyes St

Remarks \_\_\_\_\_

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 11175

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex, (state whether male or female) *female child*
2. Race or Color, (if not of the white race) *colored race*
3. Date of Birth, *August the 7-1880*
4. Place of Birth, (Street and Number) *30 Jefferson St Baltimore Md*
5. Full Name of Mother, *Sarah Wallas*
6. Mother's Maiden Name, *Sarah Right*
7. Mother's Birthplace, *Lobhat County Md*
8. Full Name of Father, *Richard Wallas*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baltimore City Md*
- Name of Medical Attendant, *Lucinda Hartford*  
or other Person who makes this Return.
- Address, *1300 Regester St Baltimore Md*
- Remarks,



1. I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41176

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 9th 1880*
4. Place of Birth, (Street and Number) *27 fountain st Baltimore*
5. Full Name of Mother, *E. P. Schild Klingelhofer*
6. Mother's Maiden Name, *Eva Schild*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *J. Klingelhofer*
9. Father's Occupation, *Agate Dealer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Dr. Mary E. Simms*  
or other Person who makes this return.
- Address, *171 S Washington Street*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 41177

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> child

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 9 1880

4. Place of Birth, (Street and Number)

340 Hanover st

5. Full Name of Mother

Ellen Finneady

6. Mother's Maiden Name

Washenne

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael Finneady

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

J. Schaeffer midwife

Address

330 Hanover st.

Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141178

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *Aug. 9th 1880.*

4. Place of Birth (Street and Number) *Maternite, 161 W. Lombard St.*

5. Full Name of Mother *Anna Christa.*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Balto. Co., Md.*

8. Full Name of Father *Unknown.*

9. Father's Occupation *"*

10. Father's Birthplace *"*

Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free M.D.*

Address *Maternite Hospital,*

Remarks *161 W. Lombard St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- 11179
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Charles*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 9 1880*
4. Place of Birth (Street and Number) *Eden at 404 E. 12*
5. Full Name of Mother *Rebecca Charles Cook*
6. Mother's Maiden Name *Alex. Walters*
7. Mother's Birthplace *Frederick, Maryland*
8. Full Name of Father *Wm. B. Gardner Deceased Baltimore*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. H. Hendon*
- Address
- Remarks *The child is just born*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41180

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2)  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 9th 1880

4. Place of Birth (Street and Number)

189 Scott St

5. Full Name of Mother

Annis Wolf

6. Mother's Maiden Name

" Croese

7. Mother's Birthplace

City

8. Full Name of Father

John Wolf

9. Father's Occupation

Cluck

10. Father's Birthplace

Penn

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Clark M.D.

Address

168 S. Park St.

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41181.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth 10 August

4. Place of Birth, (Street and Number) 209 Hopkins St. Locust Point Baltimore

5. Full Name of Mother Natie Brooks

6. Mother's Maiden Name Natie Knop

7. Mother's Birthplace Baltimore

8. Full Name of Father John Brooks

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Maggie Ellet

Remarks No. 15 Locust Street

If any Physician, acouchear, midwife, or other person in charge, who shall attend, assist or  
infect at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, be or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

41189

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

1st child  
Female  
White  
10 August  
322 Madison Street  
Pauline Taylor  
Hass  
Baltimore  
Joy Taylor  
Book Keeper  
Baltimore  
Mrs Rose Ulling  
48 Holland Street

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1115.5

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Dec 10 1893
4. Place of Birth, (Street and Number) Baltimore 1090 N. 2nd St
5. Full Name of Mother Mary Lizzie Hawkins
6. Mother's Maiden Name " " Hays
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Hawkins
9. Father's Occupation Steward
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Ameline Wilson
- Address No 319 Hamburg St
- Remarks \_\_\_\_\_

also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 11/18/11

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *Aug. 10/82*  
4. Place of Birth, (Street and Number) *Cooken St. L.D. Balt. City*  
5. Full Name of Mother, *Catherine Roach*  
6. Mother's Maiden Name, *" Knox*  
7. Mother's Birthplace, *Balt. City*  
8. Full Name of Father, *John Roach*  
9. Father's Occupation, *Laborer*  
10. Father's Birthplace, *Bald. City*  
Name of Medical Attendant, *Dr. R. W. McChesfield*  
or other Person who makes this Return.  
Address, *117 S. Broadway*  
Remarks,

111185-  
The City Physician, Recorder, Health Officer, or other person in charge, who shall receive, send or  
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 10<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

521 Dr. Lomb. St.

5. Full Name of Mother,

Kate Holmes

6. Mother's Maiden Name,

Kate Wagner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robt. F. Holmes

9. Father's Occupation,

Silver plating

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who  
makes this Return.

J. R. Benson M.D.

Address,

187 Hollins St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11186

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth child

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born August 10th

4. Place of Birth, (Street and Number)

No. 45 Leavelle St. Ch-e

5. Full Name of Mother,

Emma E. Haley

6. Mother's Maiden Name,

Maiden Name Emma E. Thompson

7. Mother's Birthplace,

Born in Baltimore

8. Full Name of Father,

Father's Name Michael Haley

9. Father's Occupation,

Book Binder

10. Father's Birthplace,

Born in Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dr. Seaborn Attendant

Address,

No 439 W. Pratt St

Remarks,

Balt

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 10<sup>th</sup>. 1880

4. Place of Birth (Street and Number) 58 Carrollton av

5. Full Name of Mother Elizabeth Meeth

6. Mother's Maiden Name Schriner

7. Mother's Birthplace Germany

8. Full Name of Father John Meeth

9. Father's Occupation Livery Stable Keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. C. Sintermann M.D.

Address 504 W. Fayette St.

Remarks

1. The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111188

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 10<sup>th</sup> 1888

4. Place of Birth, (Street and Number) 182 Washington St Baltimore city

5. Full Name of Mother, Catharine Snyder Nicol

6. Mother's Maiden Name, Catharine Snyder

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Nicol

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or of other Person who makes this Return, Mrs Mary E. Connor

Address, 171 South Washington Street

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 11189

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

August 10<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

254 S Bond st

5. Full Name of Mother

Henrietta Ripkin

6. Mother's Maiden Name

"

Krum

7. Mother's Birthplace

Germany

8. Full Name of Father

Dietrich Ripkin

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Batz

Address

120 Bond st

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 11190

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth August 10th 1880
4. Place of Birth, (Street and Number) 590 Liberty St
5. Full Name of Mother Mary Byrnes
6. Mother's Maiden Name Mary Carmick
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Joseph Byrnes
9. Father's Occupation Trader & Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Hasenpohl
- Address 34 S Perma Ave
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111191

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

76

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

Aug 10 1880

4. Place of Birth, (Street and Number).....

Columbia St. No. 571

5. Full Name of Mother,.....

Virginia Trust

6. Mother's Maiden Name,.....

Shinn

7. Mother's Birthplace,.....

Pennsylvania

8. Full Name of Father,.....

Michael Trust

9. Father's Occupation,.....

Shoemaker

10. Father's Birthplace,.....

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.....

Wm. Lehmann Bauch

Address,.....

South 1st St. No. 14

Remarks,.....

any person, including a physician, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41192

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 1880

4. Place of Birth, (Street and Number)

Baltimore

Broadway No 4

5. Full Name of Mother,

Anne. Bannister

6. Mother's Maiden Name,

Anna. Bannister

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Bannister

9. Father's Occupation,

Miller

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary H. Smith

Address,

89 Washington St

Remarks,

Mary H. Smith

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

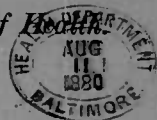
Remarks

4th  
Male  
White  
August 10, 1880  
1218 Hamburg St  
Emma M. Baker  
Mary M. Baker  
Baltimore Md  
Cooper City  
Baker  
Germany  
Theodore Cooks Bird  
140 Hanover St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 10th 1880*

4. Place of Birth (Street and Number) *708 Camden St*

5. Full Name of Mother *Cecillia Pfefferkorn*

6. Mother's Maiden Name *Cecillia Lindein*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Louis Pfefferkorn*

9. Father's Occupation *Grocery Store*

10. Father's Birthplace *Austria*

Name of Medical Attendant, or other Person who makes this Return. *Phredore Lantz M.D.*

Address *# 146 Hanover St*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

August 10<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

130 R Bond St.

5. Full Name of Mother

Mollie J. Hunt.

6. Mother's Maiden Name

" " Watson.

7. Mother's Birthplace

Battersea Ind.

8. Full Name of Father

Geo W. Hunt.

9. Father's Occupation

Croquet Park.

10. Father's Birthplace

Connecticut.

Name of Medical Attendant, or other Person who makes this Return.

D. W. Cathers M.D.

Address

2 V B Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*  
1. Sex (state whether male or female) *male*  
2. Race or Color (if not of the white race) *white*  
3. Date of Birth *august 10 1880*  
4. Place of Birth (Street and Number) *60 ave st*  
5. Full Name of Mother *Mary Hopkings*  
6. Mother's Maiden Name *Mary Caspene*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *Samuel Hopkings*  
9. Father's Occupation *carpenter*  
10. Father's Birthplace *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*  
Address *65 Bucke St*  
Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth August 10<sup>th</sup> 1880
4. Place of Birth (Street and Number) Hanover st do 744
5. Full Name of Mother Laura Ferry
6. Mother's Maiden Name Laura Kinmar
7. Mother's Birthplace London Co Va
8. Full Name of Father Samuel Ferry
9. Father's Occupation Engine man B & O RR
10. Father's Birthplace London Co Va
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton
- Address 207 Ave 13 121
- Remarks \_\_\_\_\_

111198

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Aug - 10 - 1880*  
4. Place of Birth (Street and Number) *347 Laureate St.*  
5. Full Name of Mother *Mary Byrd Rouse*  
6. Mother's Maiden Name *Stiller*  
7. Mother's Birthplace *City*  
8. Full Name of Father *Robert Alfred Rouse*  
9. Father's Occupation *Coal Merchant*  
10. Father's Birthplace *Belair Hayford Co. Md.*  
Name of Medical Attendant, or other Person who makes this Return. *W. B. Sullivan M.D.*  
Address *249 Carrollton*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
 1. Sex (state whether male or female) female  
 2. Race or Color (if not of the white race) colored  
 3. Date of Birth August 19 1880  
 4. Place of Birth (Street and Number) 119 hemmerlane  
 5. Full Name of Mother Julia Wallace  
 6. Mother's Maiden Name Marcell  
 7. Mother's Birthplace Calvert Co. Md  
 8. Full Name of Father Thomas H. Wallace  
 9. Father's Occupation Brick layer  
 10. Father's Birthplace Calvert Co. Md  
 Name of Medical Attendant, or other Person who makes this Return. Charlotte Sparr  
 Address 258 Raborg St  
 Remarks none

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. J. M. Wilson

1111 R. R. Co. Court

Between St. James and St. Louis Light House

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 10<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *176 South Caroline St Baltimore*
5. Full Name of Mother, *Catherine Emma Butt*
6. Mother's Maiden Name, *Catherine Emma*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Butt*
9. Father's Occupation, *Salver*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person to be making this Return *Mrs Mary C. Cincius*
- Address, *171 South Washington Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *10<sup>th</sup> of August*
4. Place of Birth (Street and Number) *No 365 McDougall St*
5. Full Name of Mother *Margaret James Berry*
6. Mother's Maiden Name *Margaret James DeLcher*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Washington Berry*
9. Father's Occupation *Sailmaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *L. E. Bayless*
- Address *590 Sharford St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

August 10

4. Place of Birth (Street and Number)

Baltimore Woodland st No 100

5. Full Name of Mother

Bertha Telgin

6. Mother's Maiden Name

Bertha Smith

7. Mother's Birthplace

Germany

8. Full Name of Father

George Smith

9. Father's Occupation

Engineer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return

Wm. H. Shaffer

Address

119 Bidgley st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seoned*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Col*
3. Date of Birth *Aug. 10. 1880*
4. Place of Birth (Street and Number) *McKendrick St. No. 14.*
5. Full Name of Mother *Martina Edmonia Mahoney*
6. Mother's Maiden Name *Martina Edmonia Fredericks*
7. Mother's Birthplace *Wilmington, Del.*
8. Full Name of Father *Charles Titus Mahoney*
9. Father's Occupation *Minister*
10. Father's Birthplace *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *Horatio Harkness.*
- Address *331 Ragsburg St.*
- Remarks *The child is yet here.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 10th 80
4. Place of Birth (Street and Number) 111 Lammie St.
5. Full Name of Mother Anna Gallagher
6. Mother's Maiden Name Anna Hendley
7. Mother's Birthplace MD
8. Full Name of Father Charles M. Gallagher
9. Father's Occupation Salesman
10. Father's Birthplace MD
- Name of Medical Attendant, or other Person who makes this Return. W. H. Miller M.D.
- Address 87 N. Greene St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41306

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 10<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

11 M<sup>c</sup>Machine St.

5. Full Name of Mother

Alverta Cole

6. Mother's Maiden Name

Courtney

7. Mother's Birthplace

Maryland

8. Full Name of Father

Stephen L. Cole

9. Father's Occupation

Brakeman W.C.R.R.

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

M. Christian M.D.

Address

431 Penna. Ave

Remarks

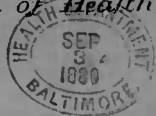


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41207

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third of  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Tenth of August

4. Place of Birth, (Street and Number)

East 427

5. Full Name of Mother,

Catherin Lindel

6. Mother's Maiden Name,

Mella

7. Mother's Birthplace,

Kyghussen Germany

8. Full Name of Father,

Fredrick Lindel

9. Father's Occupation,

Warrnisher

10. Father's Birthplace,

Boiern Germany

Name of Medical Attendant, or other Person who makes this Return.

Respectful Mary

Address,

42 Leaning Falls

Remarks,

Persons attending at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111208

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*  
1. Sex, (state whether male or female).... *Male.*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *Aug. 10. 1880.*  
4. Place of Birth, (Street and Number) *83 William St.*  
5. Full Name of Mother, *May Anne Sudd*  
6. Mother's Maiden Name, *" " Tall."*  
7. Mother's Birthplace, *Balt. City -*  
8. Full Name of Father, *John Sudd*  
9. Father's Occupation, *Machinist -*  
10. Father's Birthplace, *Balt. City -*  
*R. J. N. Tall -*  
*15-2 Sharp St.*  
Name of Medical Attendant, or other Person who makes this Return.  
Address,  
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *Aug. 10, 1880*  
 4. Place of Birth (Street and Number) *187 Johnson St.*  
 5. Full Name of Mother *Amelia Page Brown*  
 6. Mother's Maiden Name *Kennedy*  
 7. Mother's Birthplace *Philadelphia*  
 8. Full Name of Father *George W. Brown*  
 9. Father's Occupation *Conductor B. & O. R.R.*  
 10. Father's Birthplace *Rhode Island*  
 Name of Medical Attendant, or other Person who makes this Return. *John Howard*  
 Address *2 N. Carey St.*  
 Remarks *Thin, fat little babe*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born: its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 10<sup>th</sup> 1880

4. Place of Birth (Street and Number) 312 N. Gilman

5. Full Name of Mother Mary Le Favour

6. Mother's Maiden Name Mary Phelan

7. Mother's Birthplace Balt.

8. Full Name of Father E. J. Le Favour

9. Father's Occupation Clerk

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return Edw. F. Nicholson

Address 283. W. Lombard

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41271

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4.

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

August 11 1880

4. Place of Birth, (Street and Number)

No 50 Fairmount Ave.

5. Full Name of Mother

Annie E. Trumble

6. Mother's Maiden Name

Annie E. Williams

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James H. Trumble

9. Father's Occupation

Clerk

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this return.

Mary A. Atwood

Address

256 W. Dora St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasoid*
3. Date of Birth, *August 11<sup>th</sup> 1883*
4. Place of Birth, (Street and Number) *51. Hull Lane*
5. Full Name of Mother, *Rice Grace*
6. Mother's Maiden Name, *Alice Talies*
7. Mother's Birthplace, *Balto Md.*
8. Full Name of Father, *Lewis Grace*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Harriet Jackson*
- Address, *\* 5. Garrett Street*
- Remarks,



And any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 August

4. Place of Birth, (Street and Number)

382 E. Chase Street

5. Full Name of Mother,

Mary Hart  
Pensel

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Hart

9. Father's Occupation,

Doctor

10. Father's Birthplace,

New Orleans

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Rose Ulbig  
48 Holland Street

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; fix on their physical condition, whether still born or not, the foil name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White Race*

3. Date of Birth *16. of August 1883*

4. Place of Birth (Street and Number) *N. 49. Clay St Baltimore*

5. Full Name of Mother *C. M. Densard*

6. Mother's Maiden Name *Julie Rice*

7. Mother's Birthplace *New York City*

8. Full Name of Father *Clara Densard*

9. Father's Occupation *Cabinet Maker*

10. Father's Birthplace *Denmark*

Name of Medical Attendant, or other Person who makes this Return. *Dr. R. J. 3. G. G. G.*

Address. *N. 26. E. Street Baltimore*

Remarks *M. L.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 11<sup>th</sup> 1883*

4. Place of Birth (Street and Number) *527 Parkin St*

5. Full Name of Mother *Mary Maier Coates*

6. Mother's Maiden Name *Mary Maier*

7. Mother's Birthplace *Vienna, Austria*

8. Full Name of Father *William Coates*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Jane Mercer*

Address *Cherry St 136*

Remarks

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth 11<sup>th</sup> of Aug 1880  
4. Place of Birth, (Street and Number) 246 Central Av.  
5. Full Name of Mother M. G. G. G. G.  
6. Mother's Maiden Name M. G. G. G.  
7. Mother's Birthplace Germany  
8. Full Name of Father M. G. G. G.  
9. Father's Occupation Teacher  
10. Father's Birthplace Germany  
Name of Medical Attendant, or other Person who makes this Return. Mrs. G. G. G.  
Address 125 N. Baltimore St.  
Remarks Baltimore City



# RETURN OF A BIRTH, 111218

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1 child of the mother

1. Sex (state whether male or female) She is a female

2. Race or Color, (if not of the white race) she is of the white race

3. Date of Birth She was born on the 11 day of August

4. Place of Birth, (Street and Number) she is born in Baltimore No 23 Lemon St.

5. Full Name of Mother Miss Cord

6. Mother's Maiden Name Katie Hogan

7. Mother's Birthplace The Mother is born in Ireland

8. Full Name of Father Thomas Cord

9. Father's Occupation He is a Labor Man

10. Father's Birthplace He is born in Ireland

Name of Medical Attendant, or other Person who makes this Return Miss Hunter

Address 241 Pampallone St. Health

Remarks it is in good Health

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5th.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 11.
4. Place of Birth, (Street and Number) No. 124 Sterling St
5. Full Name of Mother Emma Meyer
6. Mother's Maiden Name Dye
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas. Dye
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Sophia Simpson
- Address No 70 Granby St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41220

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 11, 1880.*
4. Place of Birth, (Street and Number) *N. Durham St.*
5. Full Name of Mother, *Elisabeth Badler*
6. Mother's Maiden Name, *Elisabeth Martin*
7. Mother's Birthplace, *Lehrbrunn, N. Bavaria, Germany*
8. Full Name of Father, *Friedrich Badler*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, *Karl E. Müller*  
or other Person who makes this Return

Address, *N. Dallas St. No 26,*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the  
name of the mother of such child or children.

# RETURN OF A BIRTH,

41221

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 11, 1889

4. Place of Birth, (Street and Number)

107 Goodmanally Baltimore

5. Full Name of Mother

Rachel Lerner

6. Mother's Maiden Name

Rachel Lerner

7. Mother's Birthplace

Germany

8. Full Name of Father

Wolf Lerner

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr. A. H. Nash

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11.12.22

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*
1. Sex (state whether male or female) *male*
  2. Race or Color (if not of the white race) *white*
  3. Date of Birth *August 11, 1880*
  4. Place of Birth (Street and Number) *165 Chester St*
  5. Full Name of Mother *Hellen Forbes*
  6. Mother's Maiden Name *Hellen Flinn*
  7. Mother's Birthplace *England*
  8. Full Name of Father *Alexander Forbes*
  9. Father's Occupation *carpenter*
  10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Ann Garrett*
- Address *65 Burke St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41223

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether Male or Female) *Male.*  
 2. Race or Color (if not of the white race) *Black.*  
 3. Date of Birth *Aug. 11<sup>th</sup> 1880.*  
 4. Place of Birth (Street and Number) *Maternity, 161 W. Lombard St.*  
 5. Full Name of Mother *Laura Cooper.*  
 6. Mother's Maiden Name *"*  
 7. Mother's Birthplace *Baltimore, Md.*  
 8. Full Name of Father *Unknown.*  
 9. Father's Occupation *"*  
 10. Father's Birthplace *"*  
 Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free M.D.*  
 Address *Maternity Hospital*  
 Remarks *161 W. Lombard St.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1412214

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth:

Aug 11<sup>th</sup>, 1880.

4. Place of Birth (Street and Number)

Maternity, 716 W. Lombard St.

5. Full Name of Mother

Loy Perry.

6. Mother's Maiden Name

"

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

Unknown

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.

Address.

Maternity Hospital.

Remarks

Balto. Md.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

11th Aug 1893

4. Place of Birth, (Street and Number)

115 West End

5. Full Name of Mother

L. Grace

6. Mother's Maiden Name

L. Grace

7. Mother's Birthplace

Baltimore

8. Full Name of Father

H. Weistland

9. Father's Occupation

Minister

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Dr. W. H. B. B.

Address

12 West End

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *negro*

3. Date of Birth *Aug. 11th 1880*

4. Place of Birth (Street and Number) *No. 8 Chestnut-st.*

5. Full Name of Mother *Agnus Mack*

6. Mother's Maiden Name *" Greene*

7. Mother's Birthplace *Baltimore County*

8. Full Name of Father *Isaac Mack*

9. Father's Occupation *Writer*

10. Father's Birthplace *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return. *Dr. F. B. Gardner*

Address *120 N. Greene St.*

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 11<sup>th</sup> 1880.*
4. Place of Birth (Street and Number) *229 Chest St.*
5. Full Name of Mother *Sarah McHarris.*
6. Mother's Maiden Name *Sarah McHarris.*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Henry Morgan.*
9. Father's Occupation *Labourer.*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Chambers M.D.*
- Address *1122 N Broadway*
- Remarks *Balt.*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd  
Female  
White  
Aug 11th 1880  
252 Chew St  
Mary Catherine Miller  
Stagles-  
Baltimore  
John Franklin Miller-  
Printer-  
Baltimore  
Wm Whitledge M D



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, *111229*

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Aug. 11<sup>th</sup> 1880*

4. Place of Birth, (Street and Number) *179 S. Charles*

5. Full Name of Mother *Mollie Massey*

6. Mother's Maiden Name *Whittaker*

7. Mother's Birthplace *Scotland*

8. Full Name of Father *James Massey*

9. Father's Occupation *Bookkeeper*

10. Father's Birthplace *Scotland*

Name of Medical Attendant, or other Person who makes this Return *R. G. Lee*

Address *N. W. C. Hannon & Barn*

Remarks

1112.30

A circular ink stamp from the Health Department of Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the date "16 1883" is stamped. A handwritten "f" is visible to the left of the stamp.

14

Male

Colored

August 12<sup>th</sup> 1880

41 Arch st

Annie E. Thomas

Annie, E. Brother

Maryland

Charles H. Thomas

Porter

Maryland

or other Person who  
makes this Return.

Ellen Harris

141 Rattray St

Remarks \_\_\_\_\_

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 12 August

4. Place of Birth, (Street and Number) 203 Looksee St East Point Balto.

5. Full Name of Mother Mary Catherine

6. Mother's Maiden Name Mary Catherine Lasey

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas Catherine Lasey

9. Father's Occupation Builder

10. Father's Birthplace North Wales Llanmaudochire Denbigh

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mary Etzel

# RETURN OF A BIRTH.

111232

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

state whether Male or Female

or Color (if not of the white race)

of Birth

of Birth (Street and Number)

Name of Mother

er's Maiden Name

er's Birthplace

Name of Father

er's Occupation

er's Birthplace

of Medical Attendant, or other Person who makes this Return.

ress

orks

Sy 2<sup>nd</sup> 3<sup>rd</sup> Small

ang's the 19

Leaden Hall St

Marath Stappard

Marath Stappard

Cambridge

James Stappard

Second in the Boat

Cambridge

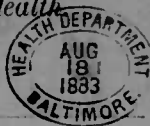
S. Lucy Sidney

at a 1 palace via canal

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 12 1880*

4. Place of Birth (Street and Number) *Section for Ireland*

5. Full Name of Mother *Martha Mervent*

6. Mother's Maiden Name *Martha Mervent*

7. Mother's Birthplace *Dorchester Co*

8. Full Name of Father *Mary Mervent*

9. Father's Occupation *labor*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mark C. Gray*

Address *193 Chester St*

Remarks *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *August 4th, 12. 1880*
  4. Place of Birth, (Street and Number) *N. Eden St. No 65*
  5. Full Name of Mother, *Matharine Müller*
  6. Mother's Maiden Name, *Matharine Schäfer*
  7. Mother's Birthplace, *Salz. Pr. Preussen Germany*
  8. Full Name of Father, *Oslo Müller*
  9. Father's Occupation, *Musician*
  10. Father's Birthplace, *Serns, Pr. Preussen Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*
- Address, *N. Dallas St. No 26*

Remarks,

115235

A circular ink stamp from the Health Department of Baltimore. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "AUG 19 1883" is stamped. The stamp is slightly faded and has some handwritten marks around it.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 12

- JOHN B. PIET, PRINTER & STATIONER, BALD.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *aug 4 12 1880*

4. Place of Birth, (Street and Number) *Baltimore Dolphin St No 2.23*

5. Full Name of Mother, *Caroline Brown*

6. Mother's Maiden Name, *Woff*

7. Mother's Birthplace, *Baltimore md*

8. Full Name of Father, *Wm Brown*

9. Father's Occupation, *Coach Smith*

10. Father's Birthplace, *Baltimore md*

Name of Medical Attendant, or other Person who makes this Return.

*Mary A Dorsey*  
*83 Oxford St*

Address,

Remarks,



# RETURN OF A BIRTH, 111237

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. ~~Race or Color~~, (if not of the white race) \_\_\_\_\_
3. Date of Birth Aug 12<sup>th</sup> 1890.
4. Place of Birth, (Street and Number) 260 Lee st.
5. Full Name of Mother Sadie Stadlerman
6. Mother's Maiden Name " Jesse
7. Mother's Birthplace Baltimore
8. Full Name of Father Valentine L. Stadlerman
9. Father's Occupation Fruiters
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. W. H. H. H.
- Address 328 South E. 1st St.
- Remarks \_\_\_\_\_

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 12th 1880

4. Place of Birth (Street and Number)

319 Eden St

5. Full Name of Mother

Helen B. Gandy

6. Mother's Maiden Name

" " Pedersen

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

John B. Gandy

9. Father's Occupation

Black

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

D. M. Cattell M.D.

Address

2873 Broadway

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 111239

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 12th 1880
4. Place of Birth, (Street and Number) No 153 Hartford av.
5. Full Name of Mother Lizzie Zimmerman
6. Mother's Maiden Name " H. H. H.
7. Mother's Birthplace Oberlinburg, Ger.
8. Full Name of Father B. Zimmerman.
9. Father's Occupation Tailor
10. Father's Birthplace Hannover, Ger.
- Name of Medical Attendant, or other Person who makes this report. Mrs. M. A. Pratt.
- Address No 185 S. E. cor. Central av W. H. Monument St.
- Remarks All Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 12th 1886

4. Place of Birth, (Street and Number) Baltimore Ramsey St. No 36

5. Full Name of Mother Ellen Murphy

6. Mother's Maiden Name Connell

7. Mother's Birthplace Ireland

8. Full Name of Father Connell Murphy

9. Father's Occupation Farmer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. C. Mitchell

Address No. 140 Ramsey St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether male or ~~female~~)

White

2. Race or Color (if not of the white race)

3. Date of Birth

August 12/89

4. Place of Birth (Street and Number)

43. E. Calhoun

5. Full Name of Mother

Mrs. B. Lundell

6. Mother's Maiden Name

" McLean John

7. Mother's Birthplace

Balt. Md

8. Full Name of Father

Samuel J. Blundell

9. Father's Occupation

Collector for Gas. Co

10. Father's Birthplace

Balt. Md

Name of Medical Attendant, or other Person who makes this Return.

Address

H. L. Spencer  
387 W. Lombard St.

Remarks

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112112

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1/2*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *August 12*  
 4. Place of Birth (Street and Number) *680 W Baltimore*  
 5. Full Name of Mother *Mary Foos*  
 6. Mother's Maiden Name *Feeling*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *William Foos*  
 9. Father's Occupation *Isaacson*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *William Wetzel M.D.*  
 Address *137 W. 11th St.*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

412113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

1. Sex, (state whether male or female).... *White Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 12<sup>th</sup> 1880*

4. Place of Birth, (Street and Number) *Fountain St. 25 Baltimore City*

5. Full Name of Mother, *Mary E. Bennett Female*

6. Mother's Maiden Name, *Mary E. Bennett*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John H. Giesist*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Mary E. Jones*

Address, *171 South Washington Street*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Eugene Levering Norton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug. 7<sup>th</sup> 12<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

313 Myrtle Avenue.

5. Full Name of Mother

Mary Norton

6. Mother's Maiden Name

Mary Jamison

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William J. Norton

9. Father's Occupation

Coffee Broker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

William Riley M. D.

Address

306 Madison Avenue

Remarks





That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



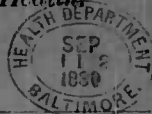
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth *August the 12, 1880*
4. Place of Birth, (Street and Number) *250 Franklin*
5. Full Name of Mother *Lizzie Schwalen*
6. Mother's Maiden Name *Lizzie Michel*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Henry Schwalen*
9. Father's Occupation *Merchant Tailor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return. *Mrs Annie Thesemeyer*
- Address *345 Penna ar*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1112116

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth August the 12<sup>th</sup>
4. Place of Birth, (Street and Number) N<sup>o</sup> 268 Mulberry st. Balto.
5. Full Name of Mother Mary Elizabeth Thiemeyer.
6. Mother's Maiden Name Mary Elizabeth Weber
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Frederick Louis Thiemeyer
9. Father's Occupation Rail Road Track layer
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Thesengalt
- Address No 345 Penna or
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

64

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 12, 1880

4. Place of Birth, (Street and Number)

W. Kappenstein No 11

5. Full Name of Mother,

Margaretta Stumpff

6. Mother's Maiden Name,

Ritzschert

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Carl Stumpff

9. Father's Occupation,

Schuhmacher

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Braunsch

Address,

17 Wolf St No 14 Under

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug. 12<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *200 N. Central Ave.*  
 5. Full Name of Mother *Minnie Stalling*  
 6. Mother's Maiden Name *Minnie Reinhardt*  
 7. Mother's Birthplace *Balto. Md*  
 8. Full Name of Father *John Stalling*  
 9. Father's Occupation *Salmon*  
 10. Father's Birthplace *Balto Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. Hendler M.D.*  
 Address *86 Greenant Ave.*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Aug 12, 1880 ✓  
McDonagh St. ✓  
Mary E. Dunbracco ✓  
Phil. " Jackson ✓  
Nathan Dunbracco ✓  
Salesman ✓  
Green Anne, Co., Md. ✓  
St. Phil. M.D. ✓  
347 N Broadway ✓

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41250

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 12, 1880*
4. Place of Birth, (Street and Number) *N. Dallas St. No. 29.*
5. Full Name of Mother, *Lizzie Wratz*
6. Mother's Maiden Name, *Lizzie Beck*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Georg Wratz*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, *Mary E. Müller*  
Address, *N. Dallas St. No. 26.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41257

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 12 1880

4. Place of Birth (Street and Number)

Hollins St

5. Full Name of Mother

Eliza Bryna

6. Mother's Maiden Name

Eliza Brown

7. Mother's Birthplace

New York

8. Full Name of Father

Patrick Bryna

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

A. H. Jackson M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111252

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 12th 1884*  
 4. Place of Birth (Street and Number) *321 Light St*  
 5. Full Name of Mother *Margaret Horstman*  
 6. Mother's Maiden Name *Margaret A. Munn*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Henry A. Horstman*  
 9. Father's Occupation *Apothecary*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Theodore Cooke, M.D.*  
 Address *146 Hanover St*  
 Remarks



**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41253

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 12<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Maternity, 161 W. Lombard St.

5. Full Name of Mother

Julia Leff

6. Mother's Maiden Name

"  
Baltimore, Md.

7. Mother's Birthplace

Unknown.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free, M.D.  
161 W. Lombard St.

Address

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

412511

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 12<sup>th</sup> 1880

4. Place of Birth (Street and Number) No. 480 Penna Avenue

5. Full Name of Mother Barbara Ackelstetter

6. Mother's Maiden Name Barbara Weickmann

7. Mother's Birthplace Prussia

8. Full Name of Father John Ackelstetter

9. Father's Occupation Laborer

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Schmidt

Address.

No. 477 528 Penna Avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111255

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 40 368 Light St. August 11<sup>th</sup> 12<sup>th</sup>

4. Place of Birth, (Street and Number) 40 368 Light St.

5. Full Name of Mother Margaret Müller

6. Mother's Maiden Name Wittich

7. Mother's Birthplace Germany

8. Full Name of Father Louis Müller

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

• Address 40 70 Granby St.

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41256

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Neale  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 12<sup>th</sup> 1880

4. Place of Birth (Street and Number)

136 Penn<sup>a</sup> A

5. Full Name of Mother

Anna Belle

6. Mother's Maiden Name

Meier

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frederick Meier

9. Father's Occupation

Paper hanger

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elias LePrie M.D.

Address

Remarks

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchoir, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

141257

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 12<sup>th</sup> 1880
4. Place of Birth (Street and Number) Room 45 St. Martin St. Bon in Court
5. Full Name of Mother Josephine West
6. Mother's Maiden Name J. Cassard
7. Mother's Birthplace Balt.
8. Full Name of Father Ed. West
9. Father's Occupation Merchant
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. J. H. Hiltnerberg
- Address 121 N. Hollenback St.
- Remarks Premature 6 mos. Hydrocephalus  
Acidosis - infant to express 8-900

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Aug 12 1880*  
 4. Place of Birth (Street and Number) *E. Pratt St*  
 5. Full Name of Mother *Ellie*  
 6. Mother's Maiden Name *Roe*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *August Schrad*  
 9. Father's Occupation *Apothecary*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *E. Jones, M.D., 17*  
 Address *Patuxent St*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41259

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 12 1880*
4. Place of Birth (Street and Number) *500 1/2 Poplar St*
5. Full Name of Mother *Jamie Elbright*
6. Mother's Maiden Name *" " Baker*
7. Mother's Birthplace *City*
8. Full Name of Father *Geo. W. Smith*
9. Father's Occupation *Car Mechanic*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. B. Smith*
- Address *168 S. E. Ave.*
- Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41260

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth August 12 1880
4. Place of Birth (Street and Number) 2 Ligonier St
5. Full Name of Mother Ellen M. M. M.
6. Mother's Maiden Name Ellen M. M.
7. Mother's Birthplace Baltimore City
8. Full Name of Father William M. M.
9. Father's Occupation bricklayer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or Other Person who makes this Return. Doached and M. J. J.
- Address 65 Duke St
- Remarks \_\_\_\_\_



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41261

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First  
Female  
White  
August 13<sup>th</sup> 1880  
74 Fremont St  
Elizabeth Allen  
Elizabeth Griffith  
Baltimore  
Lawrence Allen  
Painter  
Baltimore  
R. F. Phillips M. D.  
327 W. Lombard St



That any Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 111262

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male healthy

2. Race or Color, (if not of the white race)

white

3. Date of Birth

born on the 13th of August 1880

4. Place of Birth, (Street and Number)

20 Falveston Road

5. Full Name of Mother

M. Sherer

6. Mother's Maiden Name

M. Landenslager

7. Mother's Birthplace

8. Full Name of Father

Henry Sherer

9. Father's Occupation

Star Kaper

10. Father's Birthplace

Hessen Kassel Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Miller

Address

1017 1st Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th.*  
 1. Sex (state whether Male or Female) *Male.*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Aug 13, 1880.*  
 4. Place of Birth (Street and Number) *107 W. Howard.*  
 5. Full Name of Mother *Catherine Anniman*  
 6. Mother's Maiden Name *Fell.*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Frank Anniman.*  
 9. Father's Occupation *Grocer -*  
 10. Father's Birthplace *Prussia.*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. Meyer.*  
 Address *175 Saratoga St.*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1112611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Born Aug 13th

4. Place of Birth, (Street and Number) Baltimore No 130 North St

5. Full Name of Mother Ellie Bundy

6. Mother's Maiden Name "

7. Mother's Birthplace Baltimore

8. Full Name of Father William Bundy

9. Father's Occupation Steward

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Wilson

Address 319 Lombard St

Remarks

Records of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 13, 1880*
4. Place of Birth, (Street and Number) *N. Caroline St. 1214 E.*
5. Full Name of Mother, *Bertha Hildwein*
6. Mother's Maiden Name, *Bertha Müller*
7. Mother's Birthplace, *Berlin, W. Prussia, Germany*
8. Full Name of Father, *John Hildwein*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Walden, Mass.*

Name of Medical Attendant, *Mary E. Müller*  
Address, *N. Dallas St. 1226*

Remarks,

*Direct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physician's condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41266

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 13. 1880
4. Place of Birth (Street and Number)	45 Argyle St.
5. Full Name of Mother	Grace Myers
6. Mother's Maiden Name	Grace McKeay
7. Mother's Birthplace	Scotland
8. Full Name of Father	Joseph R. Myers
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, <small>or other Person who makes this Return.</small>	J. D. Thomson
Address	187 H. Biddle St.
Remarks	Labor tedious but natural. Child healthy well formed and "the prettiest Baby in town"

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1d*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *aug 13 1880*
4. Place of Birth, (Street and Number) *Balt Lambert St No 15*
5. Full Name of Mother, *Mary Johnson*
6. Mother's Maiden Name, *Harris*
7. Mother's Birthplace, *Baltimore Co*
8. Full Name of Father, *George Johnson*
9. Father's Occupation, *porter*
10. Father's Birthplace, *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. [illegible]*
- Address, *83 Oxford St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



August 13th

Baltimore. Josephine St. 426

Mary Raine

Sarah Ann Hebrew

Colbert County

Wm Raine

Bar Tender

Sharp St. City

Sarah Ann Hebrew



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 13<sup>th</sup> 1886
4. Place of Birth, (Street and Number) Baltimore Franklin St. 2417
5. Full Name of Mother Mellie Dealey
6. Mother's Maiden Name J. Cunningham
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Dealey
9. Father's Occupation Porter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. M. M. M. M.
- Address 141 E. Baltimore St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *August 13 1880*

4. Place of Birth (Street and Number) *982 Orleans St*

5. Full Name of Mother *Anna Wadkins*

6. Mother's Maiden Name *that's her name in full*

7. Mother's Birthplace *Bartholomew county Va*

8. Full Name of Father *Leatherman none*

9. Father's Occupation *Anna has not long him in the city*

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Anna Wiggins*

Address *106 North Register St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41271

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

August 13th 1880

4. Place of Birth, (Street and Number)...

\* 229 Hartford St

5. Full Name of Mother,...

Mary Cunningham

6. Mother's Maiden Name,...

Mary Barringer

7. Mother's Birthplace,...

Balto Md -

8. Full Name of Father,...

John Cunningham

9. Father's Occupation,...

Blackman

10. Father's Birthplace,...

Balto

Name of Medical Attendant, or other Person who makes this Return.

Samuel J. Powell M.D.

Address,

No 29 Conquest St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41272

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth August 13 d. 1880
4. Place of Birth, (Street and Number) 71 Little Mt. Elbert St.
5. Full Name of Mother Maria Gimmermann
6. Mother's Maiden Name M. Schonthaler
7. Mother's Birthplace Baltimore
8. Full Name of Father Wilhelm Gimmermann
9. Father's Occupation Kabender
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Maria R. Pueliger
- Address 134 S. Bond St.
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111273

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *13 August*
- Place of Birth (Street and Number) *200 S. Darnham St.*
- Full Name of Mother *Josephine Janousek*
- Mother's Maiden Name *" " Harvat*
- Mother's Birthplace *Pilsen Bohemia*
- Full Name of Father *John Janousek*
- Father's Occupation *Laborer*
- Father's Birthplace *Pilsen Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Harvat*
- Address *20 Darnham St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1412714

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Aug 13, 1880  
11.08 West 1st St No 70  
Mary G. Gorman  
Gotham  
Balt.  
Frank Gorman  
Liner  
Balt.  
Mag. J. H. Braubach  
11.08 West 1st St No 70

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111275

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 13. 1880

4. Place of Birth, (Street and Number)

South Praetor St. No 32

5. Full Name of Mother,

Mary Schermer

6. Mother's Maiden Name,

Long

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

August Schermer

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Sweden

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. P. P. P. P. P.

Address,

St. Mary St. No 14

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41276

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

74

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 13 1880

4. Place of Birth, (Street and Number)

Fayette St No 394  
Apt 2 Stuckler

5. Full Name of Mother,

Beth

6. Mother's Maiden Name,

Heimann

7. Mother's Birthplace,

Frankfurt

8. Full Name of Father,

Simon

9. Father's Occupation,

Balt.

10. Father's Birthplace,

Mag Joh Frankfort

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Frankfort

Address,

Remarks,



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th of August 1882

4. Place of Birth, (Street and Number) 17. North Lombard street

5. Full Name of Mother, Louis Graham

6. Mother's Maiden Name, Louis Graham

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mack Graham

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Charles Kunkel

Address, 71 North Chapel street per father Kunkel

Remarks, Healthy

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



111278  
Female  
White  
13<sup>th</sup> of Aug 1880  
42 McEldown  
M. Herder  
Mr. Mitchel  
1 Gold St  
C. Horday  
A. Horday  
Baltimore  
M. Horday  
125 McEldown

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>.

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

No. 171 Townsend St.

4. Place of Birth (Street and Number)

August 13/80.

5. Full Name of Mother

Kate McClellan Shafer.

6. Mother's Maiden Name

Becraft.

7. Mother's Birthplace

Balto. City, Md.

8. Full Name of Father

Martin Luther Shafer.

9. Father's Occupation

Driver for Olive Dairy.

10. Father's Birthplace

Somerset Co. Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

172 Franklin St.

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41280

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 12th 1880

4. Place of Birth, (Street and Number)

4, Union Hill Co

5. Full Name of Mother,

Maggie M'Lean

6. Mother's Maiden Name,

Maggie Grump

7. Mother's Birthplace,

England

8. Full Name of Father,

Moses M'Lean

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. B. Griffith

Address,

216 N. Howard St

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 13th 1880

4. Place of Birth (Street and Number)

278 W Biddle St  
Legura Ave  
Stansbury

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Manchester Conn  
Alfred Broggelousie Clatchey  
Blacksmith  
Baltimore

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Elias C Price M.D.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41282

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 13<sup>d</sup> 1880

4. Place of Birth, (Street and Number)

73 N. Charles St

5. Full Name of Mother,

Eleanora J Herman

6. Mother's Maiden Name,

Eleanora Diselbairt

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Chas C Herman

9. Father's Occupation, ...

Confectioner

10. Father's Birthplace, ...

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. E. Whatab Jr

Address,

114 Park Ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111253

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Sept. 1st, 1880
4. Place of Birth, (Street and Number) No. 666 W. Balto. St.
5. Full Name of Mother Maggie Joh Degraif
6. Mother's Maiden Name Balto. City
7. Mother's Birthplace Balto. City
8. Full Name of Father Mr. Joh
9. Father's Occupation Car Driver
10. Father's Birthplace Balto. City
- Name of Medical Attendant, or other Person who makes this Return Mr. Heller
- Address 117 W. Pratt St.
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth 14. Augt 1880  
 4. Place of Birth, (Street and Number) 153 L. St.  
 5. Full Name of Mother Lena Lehman Wengert  
 6. Mother's Maiden Name Davis  
 7. Mother's Birthplace Balto  
 8. Full Name of Father Louis Davis  
 9. Father's Occupation Barber  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mr. Mayr A. Richmond  
 Address 153 L. St.  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise of the birth of any child, within the City of Baltimore, shall report to the registrar of the birth, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111285

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *August the 11. 1880*
4. Place of Birth, (Street and Number) *35 Grandy St Baltimore City Md*
5. Full Name of Mother, *Rachel White*
6. Mother's Maiden Name, *Rachel Harman*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Charles C White*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, *Lurinda Warford*  
or other Person who makes this Return.
- Address, *130 of Regester St Baltimore Md*
- Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH.

41286

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 14<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Light Street

5. Full Name of Mother

Mary E. Elly

6. Mother's Maiden Name

Mary E. Schickel

7. Mother's Birthplace

Balt. Md.

8. Full Name of Father

Robt. Elly

9. Father's Occupation

Ship Carpenter

10. Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cook MD

Address

146 N. Anne St

Remarks

thereafter, stating the name, age, sex, and color of the child, and the name, address, and condition, whether still born or not, of the mother, nativity, and address of the father, and name of the mother of said child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41287

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether male or female) \_\_\_\_\_
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *August 14, 1880*
  4. Place of Birth, (Street and Number) *Albmarle St. No 88.*
  5. Full Name of Mother, *Katharine Ackerman*
  6. Mother's Maiden Name, *Katharine Schaub*
  7. Mother's Birthplace, *Verschütz R. Prussia Germany*
  8. Full Name of Father, *Herman Ackerman*
  9. Father's Occupation, *Laborer*
  10. Father's Birthplace, *Grossenrade R. Prussia Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Harry E. Muller*
- Address, *16 Dallas St. No 26*

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 & 5, Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 1st, 1880.*

4. Place of Birth, (Street and Number) *Carleton Av. No 399.*

5. Full Name of Mother, *Elise Fink*

6. Mother's Maiden Name, *Elise Jung*

7. Mother's Birthplace, *Ingerod, Gr. Hessian, Germany.*

8. Full Name of Father, *William Fink*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Willettschhausen, Gr. Hessian, Germany.*

Name of Medical Attendant, or other Person who make this Return, *Harry E. Haller*

Address, *No 2 Dallas St. No 26*

Remarks, *Twins*

to be returned, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41290

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 14, 1880*
4. Place of Birth, (Street and Number) *Alic. Ann St. No. 239.*
5. Full Name of Mother, *Margaretha Goetze*
6. Mother's Maiden Name, *Margaretha Ott.*
7. Mother's Birthplace, *Nieblun. N. Prussia Germany*
8. Full Name of Father, *Louis Goetze*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Nessel. Gr. Hossen. Germany*
- Name of Medical Attendant, or other Person who makes this return, *Mary E. Muller*
- Address, *W. Dallas St. No. 26.*

Remarks,

# RETURN OF A BIRTH,

44291

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

14 Aug '80

4. Place of Birth, (Street and Number)

234 Hancock St.

5. Full Name of Mother

Christiana Keis

6. Mother's Maiden Name

Schultz

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Keis

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Keis

Address

312 South Conduit St.

Remarks

21292

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "AUG 19 1883" is stamped in three lines. The stamp is slightly faded and shows some wear.

5 of Child

Female

[illegible]

Aug 14<sup>th</sup> 1880

No 299 William St.

2. *Chimera Broseka*

King

Germany

Charles Broszka

Sig. 2 maker

Germany.

J. Lohgasser midwife

320 Hanover st.

\_\_\_\_\_

condition, whether still born or not, the full name, nativity, and residence of the parents, and the names of the mother of such child or children.



Register, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11293

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

14th

4. Place of Birth (Street and Number)

popleton st no 10

5. Full Name of Mother

Mary Lizzie Loane

6. Mother's Maiden Name

Crawford

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Augustus Loane

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Mrs Guy

Remarks

13 Holland st

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1 d

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth August 14 d. 1880

4. Place of Birth, (Street and Number) 282 N. Anstr.

5. Full Name of Mother Kathe Woods

6. Mother's Maiden Name K. Ballmann

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Woods

9. Father's Occupation Conc. Ther.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond St.

Remarks

# RETURN OF A BIRTH <sup>111295</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Male*

*14 August  
124 W. Balld. Rd*

*Harriet Hall*

*Kent*

*Bald. Md*

*Walter Hall*

*Printer*

*Bald. Md*

*Mrs. Para Cooper*

*212 Lombard*

State, last name, first name, middle name, if any, the full name, name, if any, residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41296

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> 5<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14<sup>th</sup> Aug. 1880
4. Place of Birth, (Street and Number) 47 St. Monroe St
5. Full Name of Mother, Eugene Muhl.
6. Mother's Maiden Name, George
7. Mother's Birthplace, Germany
8. Full Name of Father, Karl Muhl.
9. Father's Occupation, Gardener
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who make this Return, Mrs. C. S. S. S. S.
- Address, No. 45 S. Monroe St
- Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14<sup>th</sup> day August

4. Place of Birth, (Street and Number)

Baltimore City 28. Barnes St

5. Full Name of Mother, ..

Mary Jane Pincher

6. Mother's Maiden Name,

Mary Jane Bolton

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Barnes Spinner

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs C. Seebach

Address,

No 439 W. Pratt St

Remarks,

Balt

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH.

41298

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14 of August - 1880*
4. Place of Birth (Street and Number) *Arlington Ave No 9*
5. Full Name of Mother *Mary Kneel*
6. Mother's Maiden Name *Mary McConnell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph P. Kneel*
9. Father's Occupation *Woodbusiness*
10. Father's Birthplace *City of Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. B. J. Hermann*
- Address *No 175 W. Carey St*
- Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of said child or children.

# RETURN OF A BIRTH,

11-12-99

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

August 14<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

76 Eastern Ave

5. Full Name of Mother

Mary L Gerlach

6. Mother's Maiden Name

" L Weitzel

7. Mother's Birthplace

City

8. Full Name of Father

Friedrich Gerlach

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Betz

Address

120 Bank St

Remarks

Hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41300

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *14 August*
4. Place of Birth (Street and Number) *24 Barnes St.*
5. Full Name of Mother *Rosalie Bihounck*
6. Mother's Maiden Name *" " Rectora*
7. Mother's Birthplace *Tiroler Bohemia*
8. Full Name of Father *Franz Bihounck*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Komar*
- Address *20 Barnes St.*
- Remarks



Thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Boi
2. Race or Color (if not of the white race) White
3. Date of Birth 14 August
4. Place of Birth (Street and Number) 236th St.
5. Full Name of Mother Amalia Lihuhart
6. Mother's Maiden Name " Leine.
7. Mother's Birthplace Germany.
8. Full Name of Father Henry Lihuhart
9. Father's Occupation Cabinet maker
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Josephine Korman
- Address 236th St.
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First- (1<sup>st</sup>)  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 14<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Bay St. extended  
Ceelia ~~Steen~~ Ruth

5. Full Name of Mother

6. Mother's Maiden Name

" Lee Baker

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John G. Ruth

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return.

Megina A. Winder

Address

178 Harford Ave

Remarks

# RETURN OF A BIRTH,

111303

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

50 June 1893

4. Place of Birth, (Street and Number)

H. Henneman

5. Full Name of Mother

A. Wagner

6. Mother's Maiden Name

A. Wagner

7. Mother's Birthplace

H. W. Henneman

8. Full Name of Father

Carpenter

9. Father's Occupation

Baltimore

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Miss Anna D. D. D.

Address

Remarks

66 No. Clapham St

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1113011

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 Child*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14th of August 1883*
4. Place of Birth, (Street and Number) *15 North Chapel Street*
5. Full Name of Mother, *Barbra Kaser*
6. Mother's Maiden Name, *Barbra Linbeck*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Linbeck*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who make this Return. *Dr. C. H. Linbeck*
- Address, *11 North Chapel Street*
- Remarks, *Healthy*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 14th Aug. 1880

4. Place of Birth, (Street and Number) Bowl. Ave. & 2nd St. in Maryland

5. Full Name of Mother Mrs. Gabach

6. Mother's Maiden Name Mrs. Offord

7. Mother's Birthplace Baltimore

8. Full Name of Father Mrs. Gabach

9. Father's Occupation Musician

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Mrs. M. Wells

Address 123 N. Canton

Remarks 13

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41306

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 14 1880*
4. Place of Birth (Street and Number) *N<sup>o</sup> 2 Salom St*
5. Full Name of Mother *Mary Mestive*
6. Mother's Maiden Name *Mary Coronay*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Henry Mestive*
9. Father's Occupation *Labor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lathame Horner*
- Address *N<sup>o</sup> 104 West*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 14th

4. Place of Birth (Street and Number)

476 Rutaw Place

5. Full Name of Mother

Mary L. Miller

6. Mother's Maiden Name

Mary L. Bradley

7. Mother's Birthplace

Virginia

8. Full Name of Father

Theodore H. Miller

9. Father's Occupation

Merchant

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Julius Sentinel

Address

2. Cathedral St

Remarks

without sex being ascertained, showing accurately the date of birth, sex, the name of the mother, and residence of the parents, and the residence of the child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



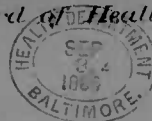
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 14 - 1880*
4. Place of Birth (Street and Number) *195 Argyle St*
5. Full Name of Mother *Emily C. Sulamoff*
6. Mother's Maiden Name *Heggenbotham*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John M. Sulamoff*
9. Father's Occupation *Boat Dealer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Rider all & Mulhern*
- Address
- Remarks



# RETURN OF A BIRTH

11309

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14 August

4. Place of Birth, (Street and Number)

2 May Street

5. Full Name of Mother,

Annie Matthews

6. Mother's Maiden Name,

Pennsylvania

7. Mother's Birthplace,

No Husband

8. Full Name of Father,

Not Married

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Mrs. Rose M. H. G.  
No 148 Holland Street  
Baltimore

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Aug. 14, 1880.

4. Place of Birth (Street and Number) 346 N. S. Encker St

5. Full Name of Mother Frances L. Kieckler

6. Mother's Maiden Name " " Gled.

7. Mother's Birthplace Md.

8. Full Name of Father Jacob J. Kieckler

9. Father's Occupation driver of milk wagon

10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. Ed Sam. Fairlyhill

Address 129 W. Biddle St

Remarks

1. Name of the mother of such child or children.  
2. Name of the father of such child or children.  
3. Name of the mother of such child or children.  
4. Name of the father of such child or children.  
5. Name of the mother of such child or children.  
6. Name of the father of such child or children.  
7. Name of the mother of such child or children.  
8. Name of the father of such child or children.  
9. Name of the mother of such child or children.  
10. Name of the father of such child or children.

# RETURN OF A BIRTH, 111311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 14<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

210 Lee St

5. Full Name of Mother

Kathleen C. Meyer

6. Mother's Maiden Name

McBarnley

7. Mother's Birthplace

Balto City

8. Full Name of Father

August M. Meyer

9. Father's Occupation

Labourer

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

E. L. Meyer

Address

76 State St

Remarks

1. Name of child, sex, date of birth, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*Nannie Eugenia Johnson*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth *Aug 15<sup>th</sup>, 1880*

4. Place of Birth, (Street and Number) *276 N. Thacker St*

5. Full Name of Mother *Carrie Johnson*

6. Mother's Maiden Name *" Gambrell*

7. Mother's Birthplace *Balt*

8. Full Name of Father *John R. Johnson*

9. Father's Occupation *Chief Secretary B & C Co*

10. Father's Birthplace *Frederick Md*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*John R. Johnson*  
*5 Franklin St*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11/3/13

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 15 1880

4. Place of Birth (Street and Number)

Res 2200 Highland Hill Dr, Bon. & Cray

5. Full Name of Mother

Caroline Feilcke

6. Mother's Maiden Name

Caroline Wopelen

7. Mother's Birthplace

Bavaria

8. Full Name of Father

Wm Feilcke

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Hildebrand

Address

121 N. Howard St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 15 11.

4. Place of Birth, (Street and Number) 182 E. Monument St.

5. Full Name of Mother Emma Sumner

6. Mother's Maiden Name Emma Hays

7. Mother's Birthplace Baltimore

8. Full Name of Father Jos. H. Sumner

9. Father's Occupation Draughtsman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Hillingvist

Address 182 E. Monument St.

Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

111315

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *15 aug*

4. Place of Birth (Street and Number) *66 W. 4th*

5. Full Name of Mother *Elizabeth Cotton*

6. Mother's Maiden Name *Muller*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Cotton*

9. Father's Occupation *Lamp Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *W. L. Ward M.D.*

Address *185 Fayette St*

Remarks

Signature of Registrar of Vital Statistics, Board of Health, Baltimore City.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41316

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Aug 15. 1880.
4. Place of Birth (Street and Number) 89 N Charles St
5. Full Name of Mother Victoria D. Horn
6. Mother's Maiden Name Dieter
7. Mother's Birthplace Baltimore
8. Full Name of Father Ernest B. Horn
9. Father's Occupation Green Grocer
10. Father's Birthplace Inda
- Name of Medical Attendant, or other Person who makes this Return. Dr Mayan
- Address 175 Lovatoga St.
- Remarks \_\_\_\_\_



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41317

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *16 child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *august 16 1880*
4. Place of Birth (Street and Number) *elmore st*
5. Full Name of Mother *len nee marchel*
6. Mother's Maiden Name *le. marlin*
7. Mother's Birthplace *germany*
8. Full Name of Father *adam marchel*
9. Father's Occupation *tailor*
10. Father's Birthplace *germany*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *Ch Burke St*
- Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether ~~male~~ or female) *1st Child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 15, 1880*
4. Place of Birth, (Street and Number) *Glillen St. No 102.*
5. Full Name of Mother, *Louise Orshwin*
6. Mother's Maiden Name, *Louise Meier*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Philipp Orshwin*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Harburg, W. Preussen Germany*
11. Name of Medical Attendant, *Harry E. Miller*
- Address, *N. Dallas St. No 26*
- Remarks,

Without set out by this act, no person shall be liable for the cost of the birth or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

August 15<sup>th</sup> 1880

4. Place of Birth (Street and Number)

No 23 Peach St

5. Full Name of Mother

Fulley Hannah

6. Mother's Maiden Name

"

7. Mother's Birthplace

Dorchester Co Md

unmarried

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

mid wife Mary E. Thomas

Address

No 21 Peach St

Remarks

conclusion, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41320

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth August 15<sup>th</sup> 1883

4. Place of Birth, (Street and Number) # 15 Grand Hill ave

5. Full Name of Mother Kate Smith

6. Mother's Maiden Name Kate Huffman

7. Mother's Birthplace Balto.

8. Full Name of Father John Smith

9. Father's Occupation Baker.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hans Hylgenst

Address # 182 B Broadway St.

Remarks

# RETURN OF A BIRTH, 1132/

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 15<sup>th</sup>

4. Place of Birth, (Street and Number) 221 E Lombard st

5. Full Name of Mother Mrs Mary Franklin

6. Mother's Maiden Name J. Corkwood

7. Mother's Birthplace Baltimore

8. Full Name of Father William Franklin

9. Father's Occupation Fireman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Getzke

Address 512 Bond St

Remarks

con- fillon, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

14-18221

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 15 1881
4. Place of Birth (Street and Number) 138 Lexington St
5. Full Name of Mother Julia Baum
6. Mother's Maiden Name
7. Mother's Birthplace Virginia
8. Full Name of Father Albert Baum
9. Father's Occupation Butcher
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. A. C. Leonard M.D.
- Address 145 Myrtle St
- Remarks Child well developed and healthy

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111923

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1119  
Female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

The 15 of March

4. Place of Birth (Street and Number)

413 348 St. Stephen St

5. Full Name of Mother

Angela Harris

6. Mother's Maiden Name

Angela Harris

7. Mother's Birthplace

Germany

8. Full Name of Father

John Harris

9. Father's Occupation

Occupation & Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other person who made this Return.

Christina Sauer

Address

Remarks

172 Washington

1883

# RETURN OF A BIRTH.

1413211

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 15

4. Place of Birth (Street and Number)

Balt St & Lind

5. Full Name of Mother

Maggie Cashman

6. Mother's Maiden Name

Linheart

7. Mother's Birthplace

Balt

8. Full Name of Father

Clarence Cashman

9. Father's Occupation

Professor Music

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

A. C. Thayer  
24 \* Seventh

Please send me some envelopes

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children



# RETURN OF A BIRTH,

41325

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 15 d. 1880

4. Place of Birth, (Street and Number) 724 Caroline St.

5. Full Name of Mother Katharine Towrd

6. Mother's Maiden Name K. Koeler

7. Mother's Birthplace Baltimore

8. Full Name of Father Jim Towrd

9. Father's Occupation Koper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond St.

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

41326

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 15<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

Baltimore City, No 65 Camden

5. Full Name of Mother,

Emma Tate

6. Mother's Maiden Name,

Emma Koller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Tate

9. Father's Occupation,

Oyster House

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Mrs C Seebach

Address,

No 431 N Pratt St

Remarks,



# RETURN OF A BIRTH

41327

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

7th  
Male  
White  
August 13<sup>th</sup>, 1883  
South Fremont St. No. 10  
Friedricka Scheeler,  
1217 E. Eastmont.  
Dressers.  
Peter Scheeler  
Barber  
Baltimore  
Mrs. Scheeler  
1217 E. Eastmont.  
Satisfied

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111328

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 10 1883

4. Place of Birth (Street and Number)

26 S. Poppleton St.

5. Full Name of Mother

Mary A. Mehan

6. Mother's Maiden Name

" " Vollhardt

7. Mother's Birthplace

Pittsburg, Penna.

8. Full Name of Father

Gustav Mehan

9. Father's Occupation

Sugar Manufacturer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

J. J. [Signature]

Address

Remarks

# RETURN OF A BIRTH 111329

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *P*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 15th 1910*

4. Place of Birth, (Street and Number) *Baltimore County*

5. Full Name of Mother, *Margaretta Schmidt Gapp*

6. Mother's Maiden Name, *Margaretta Schmidt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Gapp*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Dr. May E. Osine*  
or other Person who makes this Return.

Address, *111 South Washington Street*

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111330

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sunday August 15th 1880

4. Place of Birth (Street and Number)

79 N. Pine St.

5. Full Name of Mother

Mary Bloomfield

6. Mother's Maiden Name

Mary Waggoner

7. Mother's Birthplace

Balti.

8. Full Name of Father

Chas. Bloomfield

9. Father's Occupation

Furniture Dealer

10. Father's Birthplace

St. Louis, Mo.

Name of Medical Attendant, or other Person who makes this Return.

Werner Brinton M.D.

Address

25 1/2 Greenmount Ave

Remarks

"Normal Presentation"

# RETURN OF A BIRTH,

111331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

George Martin Andrew Heinemann



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth August 15 1880

4. Place of Birth, (Street and Number) 85 Pearl St

5. Full Name of Mother Mary Heinenman

6. Mother's Maiden Name Mary Lehne

7. Mother's Birthplace Germany

8. Full Name of Father Henry Heinenman

9. Father's Occupation Box maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Annie Mueschell

Address 345 Penna an

Remarks

name of the mother of each child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

22

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

15 August

4. Place of Birth (Street and Number)

236 Montgomery St

5. Full Name of Mother

Virginia Hart

6. Mother's Maiden Name

Ratliff

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Alexander Hart

9. Father's Occupation

Wagoner

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. C. Burch M.D.

Address

18 S. Hanover St

Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111339

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

Aug. 15<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

174 E. Monument St.

5. Full Name of Mother

Jennie

6. Mother's Maiden Name

Humphreys

7. Mother's Birthplace

City.

8. Full Name of Father

Wm. Dorsey

9. Father's Occupation

Moulder

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

A. I. Reynolds, M.D.

Address

186 Asquith St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11331-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 15-1880

4. Place of Birth (Street and Number)

97 Park St

5. Full Name of Mother

Mary Grigor

6. Mother's Maiden Name

Schwarz

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

Joseph Grinn

9. Father's Occupation

Baker

10. Father's Birthplace

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. K. L. L. L.

Address

87 Mulberry St

Remarks

# RETURN OF A BIRTH

11335

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 15th 1880

4. Place of Birth, (Street and Number)

147 Dolphin St.

5. Full Name of Mother,

Maigh Bridges Tyler

6. Mother's Maiden Name,

Maigh Bridges

7. Mother's Birthplace,

Richmond Va.

8. Full Name of Father,

Henry R Tyler

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

J. E. Chatard Jr

Address,

114 Park Ave

Remarks,

THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, HAS THE HONOR TO INFORM THE MOTHER OF SUCH CHILD OR CHILDREN.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *15 August 1880*

4. Place of Birth (Street and Number) *252 E Biddle St*

5. Full Name of Mother *Mary Antier*

6. Mother's Maiden Name *Mac Williams*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Edward Antier*

9. Father's Occupation

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mary Stein*

Address *151 E Pratt St.*

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41337

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

on the 16 August 1880

4. Place of Birth (Street and Number)

Stockholm St 34

5. Full Name of Mother

Harriet White

6. Mother's Maiden Name

Harriet Reed

7. Mother's Birthplace

Harford County Md

8. Full Name of Father

William White

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Lerina Little

Address

Stockholm St 46

Remarks

All well

name of the mother of such child or children.

# RETURN OF A BIRTH,

111938

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 11



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 16<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 147 Wolfe St.

5. Full Name of Mother Katie Schulz

6. Mother's Maiden Name Katie Smidt

7. Mother's Birthplace America

8. Full Name of Father Louis Schulz

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ann L.

Address No. 137 Wolfe St.

Remarks

# RETURN OF A BIRTH

41337

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *August the 16th 1881*
4. Place of Birth, (Street and Number) *23 Jefferson St Baltimore City*
5. Full Name of Mother, *Louisa Benson*
6. Mother's Maiden Name, *Louisa Fisher*
7. Mother's Birthplace, *Baltimore City Baltimore County Md*
8. Full Name of Father, *George Benson*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore City Baltimore County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Louisa W. Ford*
- Address, *130 P. Register St Baltimore Md*
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*
1. Sex, (state whether male or female) *female child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *August the 16 1880*
4. Place of Birth, (Street and Number) *13 register st Baltimore City*
5. Full Name of Mother, *Hannel Williams*
6. Mother's Maiden Name, *Hannel Charlton*
7. Mother's Birthplace, *Baltimore, County, Md*
8. Full Name of Father, *Walter Williams*
9. Father's Occupation, *carpenter shucker*
10. Father's Birthplace, *Wilson North Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *Luranda Walford*
- Address, *1300 Register St Baltimore Md*
- Remarks,



# RETURN OF A BIRTH

41341

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 16, 1880*
4. Place of Birth, (Street and Number) *E. Pratt St. No 139.*
5. Full Name of Mother, *Louise La Port*
6. Mother's Maiden Name, *Louise Hanzmann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William H La Port*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Dallas A. No 26.*

Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 16<sup>th</sup> 1886*
4. Place of Birth (Street and Number) *Baltimore Henry St. No. 11*
5. Full Name of Mother *Catherine Smith*
6. Mother's Maiden Name *Miller*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Edward Smith*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Elizabeth Scarborough*
- Address *No. 220 Montgomery St. Balt.*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1113113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one*

1. Sex, (state whether male or female) *Male Child*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *August the 16/1881*

4. Place of Birth, (Street and Number) *223 Durham St Baltimore City*

5. Full Name of Mother, *Mary Johnson*

6. Mother's Maiden Name, *Mary Gay*

7. Mother's Birthplace, *Gallat County Md*

8. Full Name of Father, *Fredrick Johnson*

9. Father's Occupation, *Madraser*

10. Father's Birthplace, *South Carolina*

Name of Medical Attendant, *Louisa Harford*  
or other Person who makes this Return.

Address, *130 E Regester St Baltimore Md*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 1413111

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 16<sup>th</sup> 1880

4. Place of Birth, (Street and Number) # 265, Waller street

5. Full Name of Mother Elizabeth Bailey

6. Mother's Maiden Name Elizabeth Webb

7. Mother's Birthplace Boston

8. Full Name of Father David Bailey

9. Father's Occupation Boat Painter

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Wm D. Hillgren

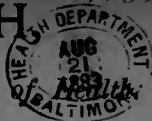
Address 182 E. Monument Street

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 16th. 1880.

4. Place of Birth, (Street and Number) No. 145 Spring St.

5. Full Name of Mother C. Killmeyer.

6. Mother's Maiden Name C. Bucher.

7. Mother's Birthplace Baden Ger.

8. Full Name of Father C. Killmeyer.

9. Father's Occupation Tailor

Father's Birthplace Prussia Ger.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Buitt.

Address No. 185 S.E. cor. Central av & Monument St.

Remarks All Well.

name of the mother of such child or children.

name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth 16 August

4. Place of Birth, (Street and Number) 314 Alexander

5. Full Name of Mother Magie Ulsr

6. Mother's Maiden Name Kisner

7. Mother's Birthplace Baltimore

8. Full Name of Father Dezali Kisner

9. Father's Occupation

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Marie Guttman

Address

Wolfe Street 245.

Remarks

# RETURN OF A BIRTH

41311-7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 10 of August 1880  
4. Place of Birth, (Street and Number) No 126 Mt. St.  
5. Full Name of Mother, Mary Thumen  
6. Mother's Maiden Name, Mary Germenthausen  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Philip Thumen  
9. Father's Occupation, Carpenter  
10. Father's Birthplace, Mt. Solon  
Name of Medical Attendant, or other Person who makes this Return, Sabina Grindaker  
Address, No 128 W. 8, City.  
Remarks,

# RETURN OF A BIRTH.

41348

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes the Return.

Address

Remarks

female

colored

August 16 1880

137 Baboag St

Maggie flat

Brinsgold

St Marys County

Ward flat

drymen

Baltimore

Eliza Cornish

317 Baboag St

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

413119

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male



1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 16 - 1880

4. Place of Birth (Street and Number)

137 Chancery St

5. Full Name of Mother

Belle Berger

6. Mother's Maiden Name

Belle Ramsey

7. Mother's Birthplace

Balt Md

8. Full Name of Father

John Berger

9. Father's Occupation

Finisher

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

C. A. Lewis

Address

162 Hanover St

Remarks

born, its or their physical condition, whether still born or not, the full name, natlty, age, sex, residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH.

41350



To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- 1 Sex (state whether Male or Female) *Male*
- 2 Race or Color (if not of the white race) *White*
- 3 Date of Birth *16th August*
- 4 Place of Birth (Street and Number) *42 Essex st*
- 5 Full Name of Mother *Anna Mary Bough*
- 6 Mother's Maiden Name *Anna Mary Haines*
- 7 Mother's Birthplace *Burlington Co. N. J.*
- 8 Full Name of Father *John Thomas Bough*
- 9 Father's Occupation *Iron Worker*
- 10 Father's Birthplace *Baltimore Co. Md*
- Name of Medical Attendant, or other Person who makes this return *Mrs Sarah Sullens*
- Address *104 Curley st*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *16 August*

4. Place of Birth (Street and Number) *494 N. Washington St.*

5. Full Name of Mother *Lusmilia Schomäcker*

6. Mother's Maiden Name *" " Lucker.*

7. Mother's Birthplace *Balto.*

8. Full Name of Father *Theodor Schomäcker*

9. Father's Occupation *Cigar-maker.*

10. Father's Birthplace *Phila.*

Name of Medical Attendant, or other Person who makes this Return. *Josephina Remond*

Address *20 Barnes St.*

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41352



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d &c.) *6th*
1. Sex (state whether male or female) *Male* (*Female*)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 16 1880*
4. Place of Birth (Street and Number) *765 W. Saratoga*
5. Full Name of Mother *Maggie (Margaret) Swin*
6. Mother's Maiden Name *Maggie P. (Mrs) Mohler*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Thomas P. (Gavin) Swin*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Manbray P. Brown M.D.*
- Address *68 N. Calhoun Street*
- Remarks *Full name of child - William F. Swin*

# RETURN OF A BIRTH.

41353

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

August 16.

4. Place of Birth (Street and Number)

415 N. Baltimore St.

5. Full Name of Mother

Johanna Bert  
Hank

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas Bert

9. Father's Occupation

Hatter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. W. H. H. H.

Address

Remarks

By W. J. H. H. H.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

413511

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY. August



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 17th 1883

4. Place of Birth, (Street and Number) 278 York St.

5. Full Name of Mother Barbara K. K. K.

6. Mother's Maiden Name Barbara K. K.

7. Mother's Birthplace Germany

8. Full Name of Father John K. K.

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Anderson

Address No. 137 North St.

Remarks 11.5

name of the mother of such child or children.

# RETURN OF A BIRTH

141365

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether ~~male~~ or female).....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 17<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *N. Durham St. No. 56.*
5. Full Name of Mother, *Caroline Hilbert*
6. Mother's Maiden Name, *Caroline Barthold*
7. Mother's Birthplace, *Sissinct. Gr. Hassen. Germany*
8. Full Name of Father, *Friedrich W. Hilbert*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balt<sup>o</sup> Md.*

Name of Medical Attendant, or other Person who makes this Return. *Aug. E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,

# RETURN OF A BIRTH

111356

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one Child one mother*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *August the 14th 1880*
4. Place of Birth, (Street and Number) *122 Bethel St Baltimore Md*
5. Full Name of Mother, *Rachel White*
6. Mother's Maiden Name, *Rachel Johnson*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John White*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, *Lewanda Thompson*  
or other Person who makes this Return.
- Address, *1300 Regester St Baltimore Md*
- Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

Aug. 17<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

Maternity, 161 St. Lombard St.

5. Full Name of Mother

Marie Newman.

6. Mother's Maiden Name

"  
Baltimore, Md.

7. Mother's Birthplace

unknown.

8. Full Name of Father

"

9. Father's Occupation

"

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.

Address

Maternity Hospital.

Remarks

161 St. Lombard St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111358

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

Aug. 17<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

Maternity, 161st. Lombard St.

5. Full Name of Mother

Louisa Shultz.

6. Mother's Maiden Name

"

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Unknown

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Tree, M.D.  
161st. Lombard St.

Address

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 17 1880

4. Place of Birth (Street and Number)

6th Ambury St

5. Full Name of Mother

Charlotte Casky

6. Mother's Maiden Name

Charlotte Menahan

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Joseph Casky

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cook M.D.

Address

146 Lanore St

Remarks

# RETURN OF A BIRTH. 141360

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 17th*
4. Place of Birth (Street and Number) *213 Mulberry*
5. Full Name of Mother *Mary E. Keenman*
6. Mother's Maiden Name *Keenwell*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Keenman*
9. Father's Occupation *Police*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Hare, M.D.*
- Address
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141861

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

17

4. Place of Birth (Street and Number)

71 North St

5. Full Name of Mother

Danah Garvey

6. Mother's Maiden Name

Joseph Garvey

7. Mother's Birthplace

Ireland

8. Full Name of Father

William Garvey

9. Father's Occupation

foreman in a mill

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Henry Garvey

Address

Remarks

GIVEN NAME ADDED 5-7-112

# RETURN OF A BIRTH 1413621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: James Francis Waters  
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd



1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 17/80

4. Place of Birth, (Street and Number)

96 1/2 Washington St,

5. Full Name of Mother,

Elizabeth R. Waters

6. Mother's Maiden Name,

" " Brown  
Anna Grundt

7. Mother's Birthplace,

8. Full Name of Father,

William Waters

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Charles Co. Md.

Name of Medical Attendant,

or other Person who makes this Return.

Dr. R. W. Mansfield

Address,

117 S. Broadway

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

14136.9

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> child*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *17 August 1880*

4. Place of Birth (Street and Number) *Vine St 141*

5. Full Name of Mother *Bertha Protsch*

6. Mother's Maiden Name *Bertha Henschke*

7. Mother's Birthplace *Magdeburg Prussia*

8. Full Name of Father *Alexander Protsch*

9. Father's Occupation *Sailor*

10. Father's Birthplace *New York*

Name of Medical Attendant, or other Person who makes this Return *L. F. Reinhardt*

Address *224 W Gayth Street*

Remarks

# RETURN OF A BIRTH 1413614

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male  
11 August  
85- Conson St.  
Hali Schmidt  
Sister  
Balt. Ald.  
Jame Schmidt  
Workman  
Balt. Ald.  
Mrs. Sara Casper  
52 Lombard

of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH 41365

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 August
4. Place of Birth, (Street and Number) 14 Cory St
5. Full Name of Mother, Ann Sherry
6. Mother's Maiden Name, Kennard
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Will Sherry
9. Father's Occupation, Workman
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sarah Casper
- Address, 52 Lombard St
- Remarks,

# RETURN OF A BIRTH 41366

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 August

4. Place of Birth, (Street and Number) 240 E. Pratt

5. Full Name of Mother, Kathrine Fricke

6. Mother's Maiden Name, Cipel

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Henry Fricke

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Laura Casper

Address, 12 E. Lombard

Remarks,

# RETURN OF A BIRTH

41367

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>tes</sup> Kind*  
 1. Sex, (state whether male or female) *Mädchen*  
 2. Race or Color, (if not of the white race) *Weiss*  
 3. Date of Birth, *geboren den 17. <sup>ten</sup> August*  
 4. Place of Birth, (Street and Number) *N<sup>o</sup> 163 Spring Str*  
 5. Full Name of Mother, *Chartrine Olshengel*  
 6. Mother's Maiden Name, *Chartrine Krieger*  
 7. Mother's Birthplace, *Deutschland*  
 8. Full Name of Father, *Fred. Olshengel*  
 9. Father's Occupation, *Schulmeister*  
 10. Father's Birthplace, *Deutschland*  
 Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*  
 Address, *N<sup>o</sup> 197 S. D rollers Str*  
 Remarks, *Heimlich*

# RETURN OF A BIRTH

41368

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) Jewish.

3. Date of Birth, 17 August

4. Place of Birth, (Street and Number) 22 Short Street

5. Full Name of Mother, Caroline Gudman

6. Mother's Maiden Name, Openheimer

7. Mother's Birthplace, Prussia

8. Full Name of Father, Abraham Gudman

9. Father's Occupation, Glasser

10. Father's Birthplace, Polen

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. Rose Ully  
No 48 Holland Street  
Baltimore

# RETURN OF A BIRTH

41369

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5

1. Sex, (state whether male or female)... male

2. Race or Color, (if not of the white race)... white

3. Date of Birth, 17 August

4. Place of Birth, (Street and Number)... 167 Hamburg Street

5. Full Name of Mother, Sophia Hoppe

6. Mother's Maiden Name, Sophia Windus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles W. Hoppe

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Miss Clinch

Address, 42 Lane Street

Remarks,

# RETURN OF A BIRTH <sup>41370</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Aug 17<sup>th</sup> 1880.
4. Place of Birth, (Street and Number) 25 Cross. St.
5. Full Name of Mother, Anna Rossmarck.
6. Mother's Maiden Name, " Bendemeier.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, John C. Rossmarck.
9. Father's Occupation, Brewer.
10. Father's Birthplace, Balto. City.
- Name of Medical Attendant, R. J. N. Tall. M.D.  
or other Person who makes this Return.
- Address, 152 Sharp St.
- Remarks, \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

17 Aug 1880

3. Date of Birth

38 S. Durham St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Sophie Bardelmann  
Hans

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

Anton Bardelmann  
Tailor

9. Father's Occupation

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein  
151 E. Pratt St.

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 17 1880

4. Place of Birth (Street and Number)

Mary Margaret Reed

5. Full Name of Mother

1513 Baltimore

6. Mother's Maiden Name

Mary Margaret Reed

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Reed

9. Father's Occupation

Porter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. C. Polo

Address

760 171 Broadway Ave

Remarks



condition, whether still in or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14<sup>th</sup>

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) wh

3. Date of Birth Aug 17 1880

4. Place of Birth (Street and Number) 39 St Paul St extended

5. Full Name of Mother M. R. Kinnan

6. Mother's Maiden Name Kearfield

7. Mother's Birthplace md.

8. Full Name of Father A. C. Kinnan

9. Father's Occupation Corns Meschl.

10. Father's Birthplace md

Name of Medical Attendant, or other Person who makes this Return. Dr Sam Janyhill

Address 129 Th. Middle St

Remarks

# RETURN OF A BIRTH.

41374

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White.  
 3. Date of Birth August 17<sup>th</sup> 1880.  
 4. Place of Birth (Street and Number) 56 Stiles St. -  
 5. Full Name of Mother Rebecca Esberger  
 6. Mother's Maiden Name Rebecca Erich  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Wendell Esberger  
 9. Father's Occupation Musician  
 10. Father's Birthplace Cincinnati.  
 Name of Medical Attendant, or other Person who makes this Return. Aug. J. Enich, M.D.  
 Address 94 S Broadway  
 Remarks Normal labor.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111378

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

Aug 17<sup>th</sup> 1880

4. Place of Birth, (Street and Number) \_\_\_\_\_

179 Lexington St

5. Full Name of Mother \_\_\_\_\_

Hennietta Braun

6. Mother's Maiden Name \_\_\_\_\_

Weissensteln

7. Mother's Birthplace \_\_\_\_\_

Balt. City

8. Full Name of Father \_\_\_\_\_

Leahy Braun

9. Father's Occupation \_\_\_\_\_

Restaurateur

10. Father's Birthplace \_\_\_\_\_

Prussia

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

J. H. Berry

Address \_\_\_\_\_

78 St. Paul

Remarks \_\_\_\_\_

# RETURN OF A BIRTH, <sup>111376</sup>

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 17th 1880

4. Place of Birth, (Street and Number) in 77 North Schroeder Street

5. Full Name of Mother Alice Virginia Bell

6. Mother's Maiden Name Alice Virginia Derise

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Geo W C Bell

9. Father's Occupation Cornet player & Collector of former police of the Police

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this return. Ans Drumbler M.D.

Address in N. Schroeder Street

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH <sup>41377</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. Schielstegen*
1. Sex, (state whether male or female) *A Son & 2 girls.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *17. August 1880.*
4. Place of Birth, (Street and Number) *171. Columbia St.*
5. Full Name of Mother, *Mrs. Gust. Hugo Stagger.*
6. Mother's Maiden Name, *Ms. Luise. Frost.*
7. Mother's Birthplace, *Jermeig. Hannover*
8. Full Name of Father, *Johann. Christian. Stagger.*
9. Father's Occupation, *Moulebier.*
10. Father's Birthplace, *Jermeig. Hannover.*
- Name of Medical Attendant, or other Person who makes this Return.
- Address, *Mrs. C. Seebach*
- Remarks, *No. 439 W Pratt St*  
*Balt.*

# RETURN OF A BIRTH, <sup>11378</sup>

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

the 17 August 1880

4. Place of Birth, (Street and Number)

10 200 Muller St. Md

5. Full Name of Mother

Joseph Allen

6. Mother's Maiden Name

Joseph Thicker

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

W. R. Allen

9. Father's Occupation

Laborer

10. Father's Birthplace

As Topse N York

Name of Medical Attendant, or other Person who makes this Return.

Robert Williams

Address

70 Legent St

Remarks

name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41379

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 17th*
4. Place of Birth (Street and Number) *69 North Stricker St.*
5. Full Name of Mother *Ellen Amanda Gilbert*
6. Mother's Maiden Name *March*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Coleman Smythson Gilbert*
9. Father's Occupation *Wholesale Grocer*
10. Father's Birthplace *Hearford Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *H. W. Webber M.D.*
- Address *298 W. Lombard St.*
- Remarks *Physical Condition, Good.*

# RETURN OF A BIRTH

111380

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 17<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 348 Eastern Avenue Baltimore City

5. Full Name of Mother, Rozanna Snyder Edger

6. Mother's Maiden Name, Rozanna Snyder

7. Mother's Birthplace, Hagerstown Md

8. Full Name of Father, Markins Edger

9. Father's Occupation, ~~Chambers~~ Labour

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary C. Vincent

Address, 171 South Washington Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41381

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female)

2 Males

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 17 1880

4. Place of Birth (Street and Number)

Parish St 32

5. Full Name of Mother

Catharina Peice

6. Mother's Maiden Name

Catharina Mylert

7. Mother's Birthplace

Germany

8. Full Name of Father

Fatland Peice

9. Father's Occupation

Painter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

# RETURN OF A BIRTH,

111,382

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 18th. 1880.

4. Place of Birth, (Street and Number) No 19. Wolf st.

5. Full Name of Mother Caroline Connor

6. Mother's Maiden Name Caroline Brothers

7. Mother's Birthplace Baltimore

8. Full Name of Father George Connor

9. Father's Occupation Doctor

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. M. A. Bull

Address No 185. E. cor. Central ave & Monument St.

Remarks del Will

# RETURN OF A BIRTH

41383

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race) ..

Colored

3. Date of Birth, .....

4. Place of Birth, (Street and Number) .....

H. 28. East St

5. Full Name of Mother, .....

Sarah Friesly

6. Mother's Maiden Name, .....

Sarah Friesly

7. Mother's Birthplace, .....

Cambridge

8. Full Name of Father, .....

9. Father's Occupation, .....

10. Father's Birthplace, .....

Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address, .....

H. 5. Farwell St

Remarks, .....

condition, whether still born or not, the full name, nativity, and residence of the parent, and the name of the mother of such child or children.

# RETURN OF A BIRTH.

1113811

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

—also,

August 18<sup>th</sup> 1880.  
400. Hoffman St.  
Dora J. Shickley.  
Dora J. Shickley.  
Baltimore City.  
Lafayette Shickley  
Booker.  
Baltimore County, Md.  
John J. R. Shickley.  
Premature 8<sup>th</sup> month, mother has Phtisis Pulmon.  
—also,

bora. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11385

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth August 18<sup>th</sup> 1880

4. Place of Birth (Street and Number)

27 N Broadway Bond St

5. Full Name of Mother Emma Florence Pruitt

6. Mother's Maiden Name Emma Florence Lestachewit

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Eugene Kirk Pruitt

9. Father's Occupation Team Maker

10. Father's Birthplace Berlin Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return

E Geo Walls M.D.

Address 27 N Broadway

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 18 d. 1880

4. Place of Birth, (Street and Number) Hausfortroth

5. Full Name of Mother Livise Tager

6. Mother's Maiden Name L. Hofmeister

7. Mother's Birthplace Germane

8. Full Name of Father Armin Tager

9. Father's Occupation Witcher

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Maria R. Rudiger

Address 134 d. Bondstr.

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH, 111387

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Aug 18 02

4. Place of Birth, (Street and Number) Baltimore City

5. Full Name of Mother Sarah Parker

6. Mother's Maiden Name "

7. Mother's Birthplace Baltimore County

8. Full Name of Father John Parker

9. Father's Occupation Steward

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Dr. C. H. Miller

Address 119 W. 1st St.

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH,

41385

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

name of the mother of such child or children.



# RETURN OF A BIRTH

41389

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

18 August

4. Place of Birth, (Street and Number)

88 S. Spring

5. Full Name of Mother,

Julia Hall

6. Mother's Maiden Name,

Mitschball

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

George Hall

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Casper

Address,

52 E. Lombard

Remarks,

# RETURN OF A BIRTH

41390

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

18 August

4. Place of Birth, (Street and Number)

29 E. Lexington

5. Full Name of Mother,

Mari Piproff

6. Mother's Maiden Name,

Avak

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Will Piproff

9. Father's Occupation,

Workman

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Dora Casper

Address,

52 E. Penn. ave

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111391

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Aug. 18th, 1880

4. Place of Birth (Street and Number)

2. W. Broadway & Chase St.

5. Full Name of Mother

Annie Hoays

6. Mother's Maiden Name

Gink

7. Mother's Birthplace

Germany

8. Full Name of Father

Joseph Hoays

9. Father's Occupation

Musician

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

W. B. Billingslea

Address

256 John St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth August 18<sup>th</sup> 1880
4. Place of Birth (Street and Number) No 58 Albemarle st
5. Full Name of Mother Elizabeth Cbersitzki
6. Mother's Maiden Name Elizabeth Blum
7. Mother's Birthplace Europe
8. Full Name of Father Joseph Cbersitzki
9. Father's Occupation Restaurant
10. Father's Birthplace Prussia Poland
- Name of Medical Attendant, or other Person who makes this Return. J. Reagway Andre M D
- Address 125 E. Baco st
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

11393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

50

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

15th Aug 1882

4. Place of Birth, (Street and Number)

214 Bruce St

5. Full Name of Mother,

Julia Griffin

6. Mother's Maiden Name,

Wigganalla

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Mass Griffin

9. Father's Occupation,

Farmer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Wm A. Lindner

Address,

245 S. Mount St

Remarks,

# RETURN OF A BIRTH.

111394

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth August 18 1880
4. Place of Birth (Street and Number) 25 Thomas St
5. Full Name of Mother Eane Furlong
6. Mother's Maiden Name Eane O. Pfeiffer
7. Mother's Birthplace St Johns N. B.
8. Full Name of Father James Peter Furlong
9. Father's Occupation Labourer
10. Father's Birthplace St Johns N. B.
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Smith
- Address Name of the child Mary O Furlong
- Remarks

name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111393

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup> Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

8<sup>th</sup> 18<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

207 Lombard St

5. Full Name of Mother

Mary Risenman

6. Mother's Maiden Name

Mary Clabaugh

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Risenman

9. Father's Occupation

1<sup>st</sup> Bacon Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W<sup>m</sup> Riley M.D.

Address

306 Madison Avenue

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPT.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 18 1880

4. Place of Birth (Street and Number) 274 Argyle Avenue

5. Full Name of Mother Alice Jones

6. Mother's Maiden Name Dixon

7. Mother's Birthplace Baltimore City

8. Full Name of Father Thomas L. Jones

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Bolmer

Address 68 W. Calver St.

Remarks



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11397

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 15. 1880
4. Place of Birth (Street and Number) 577 N. Fremont St.
5. Full Name of Mother Albena Kline
6. Mother's Maiden Name Clark
7. Mother's Birthplace Virginia
8. Full Name of Father Wm H. Kline
9. Father's Occupation Butcher
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. Mansbury Brewer M.D.
- Address 68 W. Calvert St.
- Remarks \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111898

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 18th

4. Place of Birth (Street and Number)

257 Hoffman St

5. Full Name of Mother

Anastasia Mettler

6. Mother's Maiden Name

" Smick

7. Mother's Birthplace

City

8. Full Name of Father

Chas. A. Mettler

9. Father's Occupation

Clerk

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

J. C. Burch M.D.

Address

151 Hanover St

Remarks

# RETURN OF A BIRTH.

41399

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *Friday Aug 18<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *284 Rayburn St*
5. Full Name of Mother *Clara Hannah*
6. Mother's Maiden Name *Clara Troy*
7. Mother's Birthplace
8. Full Name of Father *William King*
9. Father's Occupation *Grinner Magens*
10. Father's Birthplace *I Dant nath*
- Name of Medical Attendant, or other Person who makes this Return. *Hester Hershberg*
- Address
- Remarks *At child is yet born*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111400

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5-11  
Female  
White  
Aug 18-1880  
34 Bruce St-  
Kate Barlow  
Martin  
Baltimore Md  
Joseph M Barlow  
Upshaler  
Howard Co Mch  
Mr Rider  
87 Mulberry St

# RETURN OF A BIRTH 41401

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19 August

4. Place of Birth, (Street and Number)

311 Pratt Street

5. Full Name of Mother,

Mary Sheeler

6. Mother's Maiden Name,

Best

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sheeler

9. Father's Occupation,

Sugar Store

Father's Birthplace,

Lebanon

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs Rose Ullig

Remarks,

48 Holland Street

Baltimore

RETURN OF A BIRTH

Given Name Added 2-13-52

11/14/02

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or of her.

Name: *Luella Wellmer*  
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3.*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *August 19, 1880*  
 4. Place of Birth, (Street and Number) *161 Herrell St. Baltimore*  
 5. Full Name of Mother, *Maria Wellmer*  
 6. Mother's Maiden Name, *Maria Fyfe*  
 7. Mother's Birthplace, *Lenggen a. S. Elbe Germania*  
 8. Full Name of Father, *Hiltschm Wellmer*  
 9. Father's Occupation, *Sign Worker*  
 10. Father's Birthplace, *Lenggen a. S. Elbe Germania*  
 Name of Medical Attendant, or other Person who makes this Return, *Barbara Munn*  
 Address, *42 Sanduskill St*  
 Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41403

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 19<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

1970<sup>th</sup> Hoffman St

5. Full Name of Mother

Florence Lee

6. Mother's Maiden Name

Karenac Whiting

7. Mother's Birthplace

Balt.

8. Full Name of Father

W. Lee

9. Father's Occupation

Farmer

10. Father's Birthplace

va

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. L. H. H.

Address

1721 W. H. H.

Remarks

# RETURN OF A BIRTH, 1111011

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug 19<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

No 2 L Russell St

5. Full Name of Mother

Mollie P. Brian

6. Mother's Maiden Name

" " Butler

7. Mother's Birthplace

Anne arundle County

8. Full Name of Father

William A. Butler

9. Father's Occupation

Fireman B. O. R.

10. Father's Birthplace

Barren Ferry

Name of Medical Attendant, or other Person who makes this return.

Mrs. August A. Richmond

Address

185 E. E. St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.



# RETURN OF A BIRTH.

141405

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 19<sup>th</sup> 1880

4. Place of Birth (Street and Number) 400 E. Main St

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father Edmund Straney

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edmund F. Nicholson

Address 283. W. Lombard

Remarks

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

111116

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White

Aug 19<sup>th</sup> 1880

Lansvale St. Co Mount

Mrs. M. Parker

Clark

Baltimore

Mr. C. Parker

Builder

Baltimore

Chas. J. Mulholland

283. W. Lombard

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race) *whl*

3. Date of Birth *Aug 17 1880*

4. Place of Birth (Street and Number) *261 Park ave*

5. Full Name of Mother. *Elizabeth Carey*

6. Mother's Maiden Name. *Murphy*

7. Mother's Birthplace. *Ireland*

8. Full Name of Father. *Thomas Carey*

9. Father's Occupation. *Police officer*

10. Father's Birthplace. *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Dr Sam Samsyhill*

Address *129 W Biddle St*

Remarks *Delivered later; delivered with instruments*

# RETURN OF A BIRTH, 111108

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 19<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

1234 Race St  
Rebecca Fisk Barton  
Stewart,

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Balto city  
Roger W Fisk Barton  
Vegetable Broker

9. Father's Occupation

10. Father's Birthplace

Balto city  
J Stewart

Name of Medical Attendant, or other Person who makes this Return.

Address

79 Race St

Remarks

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second son

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Thursday, August 19th, 1886

4. Place of Birth, (Street and Number)

3rd. N. Canal St.

5. Full Name of Mother

Maggie Steiner

6. Mother's Maiden Name

Strimswald

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Michael Steiner

9. Father's Occupation

Steamer

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

Dr. Wm. W. W.

Address

2nd Floor, 2nd Floor, 2nd Floor

Remarks

10-11-10, whether girl or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Thursday Aug 4th 1880

4. Place of Birth, (Street and Number)

28 Fourth Street N

5. Full Name of Mother

Catherine Bittu

6. Mother's Maiden Name

Bittu

7. Mother's Birthplace

Germany

8. Full Name of Father

George Bittu

9. Father's Occupation

Coppersmith

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return.

J. W. H. H. H. H. H.

Address

1000 10th St N

Remarks

2414.11

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "SEP 18 1880" is stamped in three lines.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth August 19 4 1880

4. Place of Birth (Street and Number) N<sup>o</sup> 45 Hammer St

5. Full Name of Mother Eliza Welsh

6. Mother's Maiden Name Drewry

7. Mother's Birthplace Ann Arundel Co. Md.

8. Full Name of Father Frank E Welsh

9. Father's Occupation merchant

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Salzer

Address 163 W Lombard St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 19<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Maternite 161 W. Lombard St.

5. Full Name of Mother

Mary Macks

6. Mother's Maiden Name

"

7. Mother's Birthplace

Balts. Md.

8. Full Name of Father

unknown

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free, M.D.

Address

Remarks

Maternite Hospital  
161 W. Lombard St.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111113

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *august 7 19 1880*
4. Place of Birth (Street and Number) *837 eastern or*
5. Full Name of Mother *marie monnones*
6. Mother's Maiden Name *squary meagray*
7. Mother's Birthplace *baltimore city*
8. Full Name of Father *george monnones*
9. Father's Occupation *fruits & berries*
10. Father's Birthplace *baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel anne garrett*
- Address *65 Burr Ke St*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 19th 1880

4. Place of Birth (Street and Number)

442 South Charles St

5. Full Name of Mother

Annis Welsh

6. Mother's Maiden Name

Annis Kane

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Edward Welsh

9. Father's Occupation

Car Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooty Md

Address

146 Hancock St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
August 19  
525 Charles St.  
Mary Ann Fulton  
Fulton  
Cuba  
James Thomas Fulton  
Hickster  
1001  
525 S. Charles

# RETURN OF A BIRTH.

41416

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 19. 1880

4. Place of Birth (Street and Number)

444 Fayette

5. Full Name of Mother

Susie Lannan

6. Mother's Maiden Name

Cochran

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Wm. McLannan

9. Father's Occupation

Book Binder

10. Father's Birthplace

Brooklyn N.Y.

Name of Medical Attendant, or other Person who makes this Return.

W. H. Stone 185 Fayette St

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> child*

1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 19, 1880*
4. Place of Birth, (Street and Number) *Irigan St. No. 298*
5. Full Name of Mother, *Nelly Schoffield*
6. Mother's Maiden Name, *Nelly Sonderling*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John B. Schoffield*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Mary E. Muller*
- Address, *N. Dallas St. No. 26*
- Remarks, *clean born*

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 19, 1880*
4. Place of Birth, (Street and Number) *N. Caroline St. No. 12.*
5. Full Name of Mother, *Johanna Bacharach*
6. Mother's Maiden Name, *Johanna Jacobi*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Nathan Bacharach*
9. Father's Occupation, *Clerk.*
10. Father's Birthplace, *Balt. City*
- Name of Medical Attendant, *or other Person who makes this Return* *Mary E. Miller*
- Address, *N. Dallas St. No. 26.*

Remarks,

of the parents, and the maiden name of the mother of such child or of a twin.

# RETURN OF A BIRTH

111119

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 19/80

4. Place of Birth, (Street and Number)

106 S. Ann st.

5. Full Name of Mother,

Elizabeth Lupus

6. Mother's Maiden Name,

Carlyle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rudolph Lupus

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. W. Mansfield

Address,

117 S. Broadway

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 19 1883

4. Place of Birth (Street and Number) Paterson Mansion near Paterson's Warehouse

5. Full Name of Mother Henrietta Seibold

6. Mother's Maiden Name Flagg

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Seibold

9. Father's Occupation Cigar Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm E. Schmitt

Address 4325 Pine Avenue

Remarks



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

111121  
2nd  
Male  
White child  
August 19<sup>th</sup> 1883  
Baltimore, Md. Elders, 873  
Sarah Josephine Deal  
Sarah Josephine Burke  
Virginia  
George Washington Deal  
Agent  
Baltimore Md.  
Henrietta Glasser  
No. Elders St. No. 303  
Not as can be expected

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111122

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of two parents, and two maiden names of the mother of said child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Aug. 17*
4. Place of Birth, (Street and Number) *123 counterbal ave*
5. Full Name of Mother, *Elleca Buck*
6. Mother's Maiden Name, *Elle Timms*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *John Buck*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ann Johnson*
- Address, *116 North St*
- Remarks, *healthy child*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111123

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>

1. Sex (state whether Male or Female) \_\_\_\_\_

2. Race or Color (if not of the white race) Negro

3. Date of Birth August 19<sup>th</sup> 1888

4. Place of Birth (Street and Number) 223 W. Dallas

5. Full Name of Mother Hester Anna Hawkins

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace Baltimore

8. Full Name of Father George H. Hawkins

9. Father's Occupation Porter

10. Father's Birthplace Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Hays M.D.

Address Park Ave & Mulberry St.

Remarks \_\_\_\_\_

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White race*

3. Date of Birth *19th August*

4. Place of Birth (Street and Number) *107 Penn. Avenue*

5. Full Name of Mother *Louisa Beichter*

6. Mother's Maiden Name *Louisa Buch*

7. Mother's Birthplace *in Germany*

8. Full Name of Father *Wilhelm Beichter*

9. Father's Occupation *Barn keeper*

10. Father's Birthplace *in Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Midwife Thera Geller*

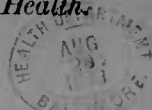
Address *No 14 Union St*

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant; or other Person who makes this Return.

Address

Remarks

111123  
white  
August 19, 1880  
No N.W. Cor Randall & Williams  
M. A. Finney  
S. Sheffler  
York Pa  
Wm B. Finney  
Clerk  
Dayton Ohio  
H. L. Spearhead  
387 W. Lombard St.

# RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1<sup>st</sup>

Male

White

August 19 1888

172 William St

Anna E. Pfaff

Anna E. Meradith

Baltimore

Michael Pfaff

Cigar Maker

Baltimore Md

H. B. Noble M.D.

17 Horn St

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

19th August

4. Place of Birth (Street and Number)

172 S. Washington St.

5. Full Name of Mother

Lydia Reese

6. Mother's Maiden Name

Kate Greek

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Edward Reese, Deceased

9. Father's Occupation

Labourer

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this return

Mrs. Sarah Syllons

Address

104 Barclay St. Canton

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> child  
1. Sex (state whether male or female) male  
2. Race or Color (if not of the white race) colored  
3. Date of Birth august 13<sup>th</sup>  
4. Place of Birth (Street and Number) no 67 dorer st  
5. Full Name of Mother mary e sampson  
6. Mother's Maiden Name mary e noles  
7. Mother's Birthplace Baltimore  
8. Full Name of Father henrik sampson  
9. Father's Occupation laborer  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. miss Lydia Porter  
Address no 4 pat's corner  
Remarks healthy child

Where, or stating distinctly the place, date, and time of the birth of the child, and the name of the mother of such child or children.



thereafter, stating, as in and to the said act, the name, nativity, and residence of the parents, and the maiden condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111129

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

august 19th

4. Place of Birth (Street and Number)

no 35 peach alley

5. Full Name of Mother

emma clark

6. Mother's Maiden Name

emma anderson

7. Mother's Birthplace

kent island md

8. Full Name of Father

john clark

9. Father's Occupation

laborer

10. Father's Birthplace

cambridge md

Name of Medical Attendant, or other Person who makes this Return.

miss Lydia Porter

Address

no 4 patisco avenue

Remarks

healthy child

# RETURN OF A BIRTH,

111430

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 12 1880
4. Place of Birth, (Street and Number) 68 Pennsylvania ave.
5. Full Name of Mother Rosa Huppigiller
6. Mother's Maiden Name Rosa Horn
7. Mother's Birthplace Germany
8. Full Name of Father Fredrick Huppigiller
9. Father's Occupation Barber
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Herman Hallgren
- Address 182 E. Monument Street
- Remarks \_\_\_\_\_

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) colored male
2. Race or Color (if not of the white race) colored
3. Date of Birth August 20<sup>th</sup>
4. Place of Birth (Street and Number) Baltimore city, No. 3 Clayton street
5. Full Name of Mother Rebecca Lucelia Winters
6. Mother's Maiden Name Rebecca L. Moore
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas Winters
9. Father's Occupation Seaman
10. Father's Birthplace St Thomas, Santa Cruz
- Name of Medical Attendant, or other Person who makes this Return. Martha Moore
- Address Madwife
- Remarks All well

# RETURN OF A BIRTH,

11/14/32

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 20<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

No 572 N. Central av.

5. Full Name of Mother

Mary King

6. Mother's Maiden Name

Hagner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John King

9. Father's Occupation

Cooper

10. Father's Birthplace

Washington

Name of Medical Attendant or other Person who makes this Return.

Wm. M. A. Butt

Address No 185 S. E. cor. Central av. & Monument St.

Remarks All Well

name of the mother of such child or children.

# RETURN OF A BIRTH, 1114 3.3

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 20th. 1888.

4. Place of Birth, (Street and Number)

No 227 N. Caroline St.

5. Full Name of Mother

Margaret Ammrein

6. Mother's Maiden Name

Schneider

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Ammrein

9. Father's Occupation

Black.

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. A. B. B. B.

Address

No. 185 S. E. cor. Central av. & Monument St.

Remarks

All Well

name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth August 20th 1880

4. Place of Birth (Street and Number) No 160 Chestnut St. (Myrtle Ave.)

5. Full Name of Mother Bertha Meisselahn

6. Mother's Maiden Name Tager

7. Mother's Birthplace Germany

8. Full Name of Father Karl Meisselahn

9. Father's Occupation carver

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Henry Salzer

Address 167 W Lombard St

Remarks

When six days thereafter, stating distinctly the date of birth, sex, and count of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111135

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 20th 1880.

4. Place of Birth, (Street and Number)

#666 S. Charles Street.

5. Full Name of Mother,

Mrs. Angelina Richardson

6. Mother's Maiden Name,

Angelina Byrns

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Capt. A. R. Richardson

9. Father's Occupation,

Capt. of Drilling Regiment

10. Father's Birthplace,

Dorchester County, Md.

Name of Medical Attendant, or other Person who makes this Return.

D. J. Reinhardt, M. D.

Address,

#166 W. Fayette St. City

Remarks,

# RETURN OF A BIRTH, 411436

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>  
i

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 20<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

1140 E. B. & St.

5. Full Name of Mother

Ida M. Crawford

6. Mother's Maiden Name

Mansfield

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Crawford

9. Father's Occupation

Clerk

Father's Birthplace

Dorchester Co.

Name of Medical Attendant, or other Person who makes this return.

J. H. Murray

Address

76 E. B. & St.

Remarks

name of the mother of such child or children.



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

Dr. C. C. MCDONELL,  
842 W. Fayette St.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

August 20 - 1880

4. Place of Birth (Street and Number)

664 W. Fayette St

5. Full Name of Mother

Mrs. Martha Florence Sturgeson

6. Mother's Maiden Name

Martha F. Grunier

7. Mother's Birthplace

Richmond Va

8. Full Name of Father

Charles Henry Sturgeson

9. Father's Occupation

Bookkeeper

10. Father's Birthplace

Louis Co - Ky

Name of Medical Attendant, or other Person who makes this Return.

C. C. McDowell M.D.  
642 W. Fayette St

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh (7)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 20/80*
4. Place of Birth (Street and Number) *15 S. Monroe St*
5. Full Name of Mother *Mary Elizabeth Schader*
6. Mother's Maiden Name *Mary Elizabeth Trankelf*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Godfrey Louis Schader*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *C. C. McDowell M.D.*
- Address
- Remarks *Am out of station - will call in a few days*

Dr. C. C. McDOWELL,  
642 W. Fayette St.

on, if born, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 111139

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Fr. Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 20<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

61 Lee St

5. Full Name of Mother

Mary K. Woolford

6. Mother's Maiden Name

Lambdin

7. Mother's Birthplace

Dorchester Co Md

8. Full Name of Father

Wm. H. Woolford

9. Father's Occupation

Comm. Merchant

10. Father's Birthplace

Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Hanover Barracks

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *20 August*

4. Place of Birth (Street and Number) *200 Avenue St*

5. Full Name of Mother *Anna Hoffman*

6. Mother's Maiden Name *" Hart.*

7. Mother's Birthplace *Germany.*

8. Full Name of Father *Philip Hoffman*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Josephine Hansen*

Address *20 Avenue St*

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 20<sup>th</sup> 1890

4. Place of Birth, (Street and Number) 145 S Chappel

5. Full Name of Mother, C. B. Jones Bloodgood

6. Mother's Maiden Name, C. Bloodgood

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Jones

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, 171 South Washington Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug. 20<sup>th</sup>

4. Place of Birth, (Street and Number)

No. 43, Sharp St. Alley.

5. Full Name of Mother,

Dusan Pender.

6. Mother's Maiden Name,

Dusan Pender.

7. Mother's Birthplace,

Plymouth, N.C. Carolina.

8. Full Name of Father,

John Jones.

9. Father's Occupation,

Waiter.

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Ellen Stubb.

Address,

43, Sharp St. Alley.

Remarks,

"Very sorry I was unable to send it before"  
A. P. V.

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- 1114118
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *(Col. 20th)*
3. Date of Birth.
4. Place of Birth (Street and Number) *71 Miller St.*
5. Full Name of Mother *Mary Hanley Sawyer.*
6. Mother's Maiden Name *" Sawyer Hanley*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *James Sawyer*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Edward P. McDevide*
- Address *1337 E. 1st St.*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug. 20 / 80

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

Margaret  
Baker

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Baker

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Edw. and P. W. Bevil  
133 N. Calvert St

Address

Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 20<sup>th</sup> 1883*
4. Place of Birth (Street and Number) *109 N. Wolfe St.*
5. Full Name of Mother *Virginia F. Wise*
6. Mother's Maiden Name *Block*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jacob Wise*
9. Father's Occupation *Express Driver*
10. Father's Birthplace *Austria.*
- Name of Medical Attendant, or other Person who makes this Return. *A. E. Stein, M.D.*
- Address *195 N. Eden St.*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *August*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10<sup>th</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *August 20<sup>th</sup> 1880*

4. Place of Birth, (Street and Number) *4 Wolfe St.*

5. Full Name of Mother *Francis Giese*

6. Mother's Maiden Name *Francis Schwenkel*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Frank Giese*

9. Father's Occupation *Matchmaker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address *10-127 Wolfe St.*

Remarks *4*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. *August 22*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *August 20<sup>th</sup> 1880.*

4. Place of Birth, (Street and Number) *443 Canton Ave.*

5. Full Name of Mother *Bertha St. Bert.*

6. Mother's Maiden Name *Bertha Stree.*

7. Mother's Birthplace *Germany*

8. Full Name of Father *August Hubert.*

9. Father's Occupation *Scholar.*

10. Father's Birthplace *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend*

Address *No. 137<sup>th</sup> Wolfe St.*

Remarks *CHD*

# RETURN OF A BIRTH, 1111115

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth August 20th 1890

4. Place of Birth, (Street and Number) 117 President St

5. Full Name of Mother Melba Schiffer

6. Mother's Maiden Name Melba Bopp

7. Mother's Birthplace Hochhausen Germany

8. Full Name of Father Friedrich Schiffer

9. Father's Occupation Laborer in Saw mill

10. Father's Birthplace Hochhausen Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Hochhausen, Maine

Remarks midwife

155 E Pratt St

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111149

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 of Augt. 1893

4. Place of Birth, (Street and Number)

No 357 Calver St.

5. Full Name of Mother,

Katharina Heald

6. Mother's Maiden Name,

Katharina Beck

7. Mother's Birthplace,

Babylonhamen

8. Full Name of Father,

Wm. Altm Heald

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

West Fulton

Name of Medical Attendant, or other Person who makes this Return.

Juliana Grischaber

Address,

No 125 West St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41450

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5th

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 25th

90 E. Bough St

Magdelina Hellking

" Spindler

" Germany

Joshua Hellking

Labrier

Germany

A. J. Shertzer M.D.

11 E. High St

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141451

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 30<sup>th</sup> 1880
4. Place of Birth (Street and Number) No 5 Broadway Avenue between Bond & ...
5. Full Name of Mother Barbara Witt Buchholz
6. Mother's Maiden Name " Witt
7. Mother's Birthplace Germany
8. Full Name of Father Alb Buchholz
9. Father's Occupation Laborer
10. Father's Birthplace H. D. ...
- Name of Medical Attendant, or other Person who makes this Return Dr. Schmidt
- Address 12 S 28 ...
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the person, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 24 1883

4. Place of Birth (Street and Number) N. 484 Penna Avenue

5. Full Name of Mother Mary Zofner

6. Mother's Maiden Name Angli

7. Mother's Birthplace Baltimore

8. Full Name of Father Georg Zofner

9. Father's Occupation Shoe Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. G. Schmitt

Address N. 525 Penna Avenue

Remarks



# RETURN OF A BIRTH

4114-53

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 20, 1883

4. Place of Birth, (Street and Number)

10 58 1/2 Ave. N. W.

5. Full Name of Mother,

Frederick Howard Perkins

6. Mother's Maiden Name,

Frederick Allards

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Perkins

9. Father's Occupation,

Book Binder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Perkins & J. H. Perkins M.D.

Address,

10 58 1/2 Ave. N. W. Baltimore

Remarks,

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1114571

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 20 1880
4. Place of Birth (Street and Number) Randall St No 89
5. Full Name of Mother Annie Everett
6. Mother's Maiden Name Annie Craig
7. Mother's Birthplace Dorchester, Co. and
8. Full Name of Father Peter Everett
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore city and
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton
- Address No 121 Fort Ave
- Remarks

# RETURN OF A BIRTH

111155

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 August

4. Place of Birth, (Street and Number)

156 S Eden

5. Full Name of Mother,

Ebenezer Samuel

6. Mother's Maiden Name,

Tomson

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Will Samuel

9. Father's Occupation,

Workman

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Casper

Address,

52 Lombard

Remarks,

# RETURN OF A BIRTH

111456

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Aug 20

4. Place of Birth, (Street and Number), 28 farrent

5. Full Name of Mother, Michelle Webster

6. Mother's Maiden Name, Michelle Carr

7. Mother's Birthplace, Baltimore and

8. Full Name of Father, John Webster

9. Father's Occupation, white worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. John Carr  
18 Hart St  
first born child

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female)..... *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *aug 20*
4. Place of Birth, (Street and Number) *127 Chestnut st*
5. Full Name of Mother, *Ellen Hurst*
6. Mother's Maiden Name, *Ellen Baker*
7. Mother's Birthplace, *Eastern Md*
8. Full Name of Father, *John A. Hurst*
9. Father's Occupation, *dry goods*
10. Father's Birthplace, *Eastern shore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ann Johnson*
- Address, *111 Chestnut st*
- Remarks, *first living child*

# RETURN OF A BIRTH.

111 4-58

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Color

3. Date of Birth

August 20 1880

4. Place of Birth (Street and Number)

132 Peabody St

5. Full Name of Mother

addine Mibls

6. Mother's Maiden Name

Brom

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Mibls

9. Father's Occupation

Brick Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Eliza Cornish

Address

314 Peabody St

Remarks

State of Maryland, Baltimore, Health Department, Baltimore, August 24, 1883. I hereby certify that the above is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the Health Department, Baltimore, Maryland.

birth, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *20 of August*
4. Place of Birth (Street and Number) *Baltimore 400 Leeds St*
5. Full Name of Mother *Ann Sellers*
6. Mother's Maiden Name *Ann Schuckles*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Sellers*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Col. M. Shaffer*
- Address *114 Ridgely street*
- Remarks

# RETURN OF A BIRTH.

111460

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 20 1880

4. Place of Birth (Street and Number)

223 Madison St

5. Full Name of Mother

Sarah McCarty

6. Mother's Maiden Name

"Hudgins

7. Mother's Birthplace

Middlesex Co Va

8. Full Name of Father

Horace Colston McCarty

9. Father's Occupation

Mail agent

10. Father's Birthplace

Richmond Co Va

Name of Medical Attendant, or other Person who makes this Return.

Jos E. Clayton M.D.

Address

18 S. Eutaw St

Remarks

Baltimore Md

Within six days thereafter, making distinctly the date of birth, sex, and color of the child or children born. If or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 26 1880
4. Place of Birth (Street and Number) 142 Snatarw street
5. Full Name of Mother Lucy Lee
6. Mother's Maiden Name Lucy Williams
7. Mother's Birthplace North Carolina
8. Full Name of Father Joseph Lee
9. Father's Occupation Sailor
10. Father's Birthplace St Marys county
- Name of Medical Attendant, or other Person who makes this Return. Mary Ann Dawsey
- Address 64 Elbow Lane
- Remarks five Dollars

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2<sup>d</sup>

Male

White

20<sup>th</sup> Aug. 1880

241 East Mayette St.

L. Volk

L. Kennedy

Germany

Andrew Volk

Holder

Virginia

Mary Walker

125 N. Bay

Baltimore City

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 1114 13

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

20 August 1880

4. Place of Birth, (Street and Number)

No 11. Spring Ym

5. Full Name of Mother

Julia Wilkins

6. Mother's Maiden Name

Julia Birch

7. Mother's Birthplace

Baltimore Eastern Shore

8. Full Name of Father

B. Williams

9. Father's Occupation

Doctor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Dr. Wm. Wilkins

Address

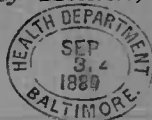
70 West 11th

Remarks

Married and child day white

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 21.

4. Place of Birth, (Street and Number)

No. 95 Ridgely Str

5. Full Name of Mother,

Catharina Mully.

6. Mother's Maiden Name,

Schwaab.

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Henry A. Mully.

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. J. King

Address,

46 Loringfull St

Remarks,

# RETURN OF A BIRTH

111465

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



65

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

white  
Aug 21<sup>st</sup> 1880  
621 E. Fayette  
Margaret Nicholaud  
Margaret Reilly  
Balt.  
A. V. Nicholaud  
Lawyer  
Balt.  
Chas. F. Nicholaud  
283. W Lombard

of the parents, and the maiden name of the mother of each child of marriage.

# RETURN OF A BIRTH.

4-14-66

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d. child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug - 21<sup>st</sup> 1880 -

4. Place of Birth (Street and Number) NO - 276 Lamar St -

5. Full Name of Mother Laura Hising -

6. Mother's Maiden Name a. Glandilg

7. Mother's Birthplace Balto. City -

8. Full Name of Father Wm Hising -

9. Father's Occupation clock

10. Father's Birthplace Balto - City -

Name of Medical Attendant, or other Person who makes this Return.

R. M. Goldsmith -

Address South East corner Harlem Avenue and Calhoun St -

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 August

4. Place of Birth, (Street and Number)

78 N. Bay St

5. Full Name of Mother,

Fannie Hantschel

6. Mother's Maiden Name,

Norman

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Ritske Hantschel

9. Father's Occupation,

Wine Store

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Para Casper

Address,

52 E Lombard

Remarks,

of the parents, and the maiden name of the mother of such child or children.

In addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14<sup>th</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

August 21<sup>st</sup> 1880

4. Place of Birth, (Street and Number)

401 Alice Ann St

5. Full Name of Mother

Maria Ford

6. Mother's Maiden Name

" Vates

7. Mother's Birthplace

City

8. Full Name of Father

Dominick J Ford

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Beltz

Address

920 Bank St

Remarks



# RETURN OF A BIRTH

411469

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21<sup>st</sup> 1880

4. Place of Birth, (Street and Number) 1155 Fayette St

5. Full Name of Mother, v Driver Adamo

6. Mother's Maiden Name, v Driver

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos C Adamo

9. Father's Occupation, Can Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Mary C Adams

Address, 171 South Washington St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

411170

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child  
1. Sex (state whether male or female) male  
2. Race or Color (if not of the white race) colored  
3. Date of Birth august 21  
4. Place of Birth (Street and Number) no 1121 E. corner 7  
5. Full Name of Mother Jessie Jones  
6. Mother's Maiden Name Jessie Wilkins  
7. Mother's Birthplace Bent Island Md  
8. Full Name of Father Richard Jones  
9. Father's Occupation laborer  
10. Father's Birthplace Bent Island  
Name of Medical Attendant, or other Person who makes this Return. Miss Lydia Porter  
Address no 4 Patterson Ave  
Remarks healthy child

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)...

Twins Boy and Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21 August 1880

4. Place of Birth, (Street and Number)

Baltimore Thomas St.

97

5. Full Name of Mother,

Anne Balak

6. Mother's Maiden Name,

Anne Polak

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frankish Benjamin

9. Father's Occupation,

Shoemaker

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Kapish

Address,

67 Washington St

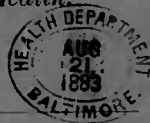
Remarks,

Mary Kapish

# RETURN OF A BIRTH, 411472

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>ed</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) Colored  
 3. Date of Birth August  
 4. Place of Birth, (Street and Number) No 247 Orleans St.  
 5. Full Name of Mother Margrita Darden  
 6. Mother's Maiden Name Harris  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Wm Darden  
 9. Father's Occupation Follows the Sea  
 Father's Birthplace West India  
 Name of Medical Attendant, or other Person who makes this Return. Mrs W. A. Butt  
 Address No. 188 S.E. cor Centre and W. Monument St.  
 Remarks All Well

name of the mother of such child or children.

consolidated, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41473

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 21<sup>st</sup> 1880

4. Place of Birth, (Street and Number) 197 N. W. St.

5. Full Name of Mother Auguste E. Carter

6. Mother's Maiden Name Auguste de Panach

7. Mother's Birthplace Germany

8. Full Name of Father Auguste E. Carter

9. Father's Occupation Pharmacist

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary A. A. A.

Address 197 N. W. St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*1st born*  
*Male*  
*Aug 23 1883*  
*385 Centre St.*  
*Catharine P. Schmitt*  
*Catharine P. Schmitt*  
*Baltimore*  
*John H. Schmitt*  
*Street Car Driver*  
*Baltimore*  
*A. L. McKim*  
*77 S. Broadway*

# RETURN OF A BIRTH

41476

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Aug 21

4. Place of Birth, (Street and Number)

21 Lehigh St

5. Full Name of Mother,

Mary Richardson

6. Mother's Maiden Name,

not married

7. Mother's Birthplace,

Chambers Co

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

James Lee Johnson

Address,

11 North St

Remarks,

Healthy child

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Aug 21*

4. Place of Birth, (Street and Number) *124 South Dallas St.*

5. Full Name of Mother, *Annie Johnson*

6. Mother's Maiden Name, *Annie Dwyer*

7. Mother's Birthplace, *Culpeper, Carter County*

8. Full Name of Father, *Richard Johnson*

9. Father's Occupation, *fire man and steam Boat*

Father's Birthplace, *Culpeper, Carter County*

Name of Medical Attendant, *Dr. J. B. Johnson*  
or other person who makes this Return.

Address, *18 East St.*

Remarks, *healthy child*



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Seventh*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 21<sup>st</sup> 1880.*

4. Place of Birth (Street and Number) *320 Park Avenue.*

5. Full Name of Mother *Sarah Frances McFadden*

6. Mother's Maiden Name *Smith*

7. Mother's Birthplace *Ann Arbor, Mich. Co. (Michigan) Mich*

8. Full Name of Father *Francis McFadden*

9. Father's Occupation *Pattern Maker*

10. Father's Birthplace *Old Town, Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Wm. Lacey Thomas M.D.*

Address

*317 Madison Ave*

Remarks

*None.*

Printed and sold by the Registrar of Vital Statistics, Baltimore City, at the Office of the Registrar, No. 100 North Second Street, Baltimore, Md.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2  
 1. Sex (state whether Male or Female) Col Male Child  
 2. Race or Color (if not of the white race) Col Race  
 3. Date of Birth 21 of August 1880  
 4. Place of Birth (Street and Number) No 28 Winter St South Baltimore  
 5. Full Name of Mother Joseph Phelan Ballard  
 6. Mother's Maiden Name Joseph Phelan Ballard  
 7. Mother's Birthplace Baltimore Md  
 8. Full Name of Father Henry Mosbey  
 9. Father's Occupation Brickyard and Oyster Ducker  
 10. Father's Birthplace Princis ann Co Md  
 Name of Medical Attendant, or other Person who makes this Return Nancy Logg  
 Address No 28 Winter St South Baltimore  
 Remarks

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 41179

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 21. 1893.*
4. Place of Birth, (Street and Number) *Eastern Av. No 95*
5. Full Name of Mother, *Maria Hoffmann*
6. Mother's Maiden Name, *Maria Persechini*
7. Mother's Birthplace, *Balt City*
8. Full Name of Father, *Horrad H. Hoffmann*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balt City*

Name of Medical Attendant, or other Person who  
gives this Return, *Mary E. Müller*

Address, *N. Gelles St. No 26.*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female).  
2. Race or Color (if not of the white race)  
3. Date of Birth  
4. Place of Birth (Street and Number)  
5. Full Name of Mother  
6. Mother's Maiden Name  
7. Mother's Birthplace  
8. Full Name of Father  
9. Father's Occupation  
10. Father's Birthplace

1st Child  
Female.  
White.

August 21. 1880.  
739 W. Lombard St.  
Mary E. Shields.  
Mary E. Cordray.  
Baltimore.  
Mr. L. Shields.  
Letter Carrier.  
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

Child - Healthy -

Dr. Powell M.D.  
1st Caution Ave.

# RETURN OF A BIRTH.

11.11.81

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 21 1880

4. Place of Birth (Street and Number)

1028 N. Arlington Ave

5. Full Name of Mother

Maria Cusack

6. Mother's Maiden Name

Maria Kelly

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Cusack

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

B. H. Herndon  
100 175 N. Carey St

Address

Remarks

born. Is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 21<sup>st</sup> 1880.*

4. Place of Birth, (Street and Number) *21 S. Mount St.*

5. Full Name of Mother, *Martha Harwood*

6. Mother's Maiden Name, *Harris.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frederick Harwood*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *J. Walton White*  
or other Person who makes this Return.

Address, *30 N. Gilman St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141183

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *A*
3. Date of Birth *22 Aug. 1880*
4. Place of Birth (Street and Number) *124 S. Spring St.*
5. Full Name of Mother *Lizze Mashek*
6. Mother's Maiden Name *King*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Mashek*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Stein*
- Address *151 E. Pratt St.*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11148 51

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>d</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 22, 1880
4. Place of Birth (Street and Number) 863 Patterson Park - N
5. Full Name of Mother Catherine Jander
6. Mother's Maiden Name Gertrude Crabbe
7. Mother's Birthplace Prussia
8. Full Name of Father Samuel Jander
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Kistner
- Address 121 N. Hollenback St.
- Remarks Prenatal 7 mos: known  
unknown, ~~not known~~



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

85.  
Female  
Irish  
Aug 22, 1860  
6220 Locust St.  
Mary Bohmiller  
Mary Bohmiller  
Prussia  
Chas. Bohmiller  
Piano & Organ Maker  
Germany  
Dr. H. H. H. H. H.  
161 W. H. H. H. H.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Second*

1. Sex (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth

*August 22<sup>nd</sup> 1880*

4. Place of Birth, (Street and Number)

*Cor. Retreat & Frances Sts.*

5. Full Name of Mother

*Mary Bertha Rappersberger*

6. Mother's Maiden Name

*Quantz*

7. Mother's Birthplace

*Baltimore Md.*

8. Full Name of Father

*Louis Rappersberger*

9. Father's Occupation

*Butcher*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Louis W. Knight M.D.*

Address

*112 N. Greene St.*

Remarks

# RETURN OF A BIRTH.

211487

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (9)*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 22 / 86*
4. Place of Birth (Street and Number) *15 S Bruce St*
5. Full Name of Mother *Elizabeth J Deane*
6. Mother's Maiden Name *Boston*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joe E Deane*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm McCallister M.D.*
- Address *1700 North Euston*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111488

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 22nd.

4. Place of Birth (Street and Number)

229 Argyle Ave.

5. Full Name of Mother

Minnie J. Pellard

6. Mother's Maiden Name

" Jones

7. Mother's Birthplace

Virginia

8. Full Name of Father

C. R. Pellard

9. Father's Occupation

Merchant

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Lucas Baldwin

Address

152 Townsend St.

Remarks

to be filled out by the Registrar, and to be returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, with the birth certificate.

# RETURN OF A BIRTH

111489

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup> Kind*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Weiss*
3. Date of Birth, *geboren den 22. August*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 291. S. Bond Str*
5. Full Name of Mother, *Maerj Woernette*
6. Mother's Maiden Name, *Mary Ling*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *August Woernette*
9. Father's Occupation, *Schuhmacher*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, *Friederike Raupmann*  
or other Person who makes this Return.
- Address, *No 197. S. Dallas Str*
- Remarks, *Heim*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

August 22<sup>d</sup> 1880

4. Place of Birth, (Street and Number)

1323 S Bond St

5. Full Name of Mother

Margaretta Joy

6. Mother's Maiden Name

" Kettler

7. Mother's Birthplace

City

8. Full Name of Father

Wm. Joy

9. Father's Occupation

Wagoner

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Betz

Address

120 Bank St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) Two Females

2. Race or Color (if not of the white race) White

3. Date of Birth 22 August

4. Place of Birth (Street and Number) 27 Barnes St

5. Full Name of Mother Franciska Sliska

6. Mother's Maiden Name " Kula.

7. Mother's Birthplace Velorow Bohemia

8. Full Name of Father Josef Sliska

9. Father's Occupation Laborer

10. Father's Birthplace Remier Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefa Konrad

Address 20 Barnes St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 111192

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

August 22<sup>nd</sup> '80

4. Place of Birth, (Street and Number)

# 250 South Eutaw St.

5. Full Name of Mother

Mary Lesener

6. Mother's Maiden Name

Jenkins

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Harry Lesener

9. Father's Occupation

Glass - Flower

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other person who makes this return.

Mary Koch

Address

328 South Eutaw St.

Remarks





# RETURN OF A BIRTH

111193

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 August 1888

4. Place of Birth, (Street and Number)

Baltimore Broadway No 90245

5. Full Name of Mother,

Bella Washburn

6. Mother's Maiden Name,

Bella Washburn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

—

Name of Medical Attendant, or other Person who makes this Return.

Mary Kaplan

Address,

69 Washington

Remarks,

Mary Kaplan

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111194

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 August 1880

4. Place of Birth, (Street and Number)

Baltimore Washington st No 68

5. Full Name of Mother,

Mary Winterling

6. Mother's Maiden Name,

Mary Winterling

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Christian Winterling

9. Father's Occupation,

Balser

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return.

Mary Hospital

Address,

67 Washington st

Remarks,

Mary Hospital

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 22nd 1880

4. Place of Birth (Street and Number)

63 President St

5. Full Name of Mother

Rosa Passagno

6. Mother's Maiden Name

"

7. Mother's Birthplace

Italy

8. Full Name of Father

John Passagno

9. Father's Occupation

Saloon Keeper - Died of Pulmonary Gangrene July 6th 1880

10. Father's Birthplace

Italy

Name of Medical Attendant, or other Person who makes this Return.

D. W. Lathrop M.D.

Address

2 N. Broadway

Remarks Child had progressed to 6th month of gestation and  
lived about half an hour after birth, then died.

# RETURN OF A BIRTH.

411196

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.)

3d,

her Male or Female)

Male

(if not of the white race)

Colored

Aug. 22, 1880,

(Street and Number)

No 23 Shuter St

Mother

Lavenia Trusty

en Name

Lavenia Brown

place

Balto. City

Father

Manual Trusty

nation

Sailor

place

Balto City

Local Attendant, or other Person who makes this Return.

J. H. Chambers M.D.  
1022 Broadway  
Baltic

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Aug 22*

4. Place of Birth (Street and Number) *1215 538 Charles St*

5. Full Name of Mother *Grace Clay*

6. Mother's Maiden Name *Grace Young*

7. Mother's Birthplace *Frederick, Md*

8. Full Name of Father *George Clay*

9. Father's Occupation *Freight Conductor B & O R.R.*

10. Father's Birthplace *Carroll Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hinton*

Address *1215 North Ave*

Remarks

# RETURN OF A BIRTH <sup>41478</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Aug 22*

4. Place of Birth, (Street and Number) *62 Jefferson street*

5. Full Name of Mother, *Isabella Scott*

6. Mother's Maiden Name, *Isabella Tate*

7. Mother's Birthplace, *Baltimore md*

8. Full Name of Father, *Joseph Scott*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Baltimore md*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. C. Johnson*

Address, *no 18 Short st*

Remarks, *delicate child*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Aug 12<sup>th</sup> 1880

No 20 Air quith St Balto.

Julia Watson

Julia Lea

S. Carolina

W. P. Watson

Merchant

Easton S Carolina

J. Ridgway Andre M D

No 121 E Balto St.

Instrumental delivery.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-27-49  
**RETURN OF A BIRTH.**

111300

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**



Name: Eugene C. Baxter  
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2 child

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth August 22-1880

4. Place of Birth (Street and Number) 61 Buxke St

5. Full Name of Mother addl Baxter

6. Mother's Maiden Name addl Baxter

7. Mother's Birthplace Baltimore co

8. Full Name of Father richard Baxter

9. Father's Occupation laborer

10. Father's Birthplace Baltimore co

Name of Medical Attendant, or other Person who makes this Return. Rachel Ann Garrett

Address 61 Buxke St

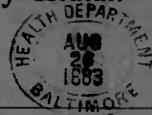
Remarks



1. Name of the mother of such child or children.  
2. Whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 22, 1883

4. Place of Birth, (Street and Number)

162 Johnson St. Balt.

5. Full Name of Mother

Margaret A. Smith

6. Mother's Maiden Name

" " Baltimore

7. Mother's Birthplace

Germany

8. Full Name of Father

William H. Smith

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mrs. John Smith

Address

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

11502

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>



1. Sex (state whether male or female)

Female  
White

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug. 22<sup>nd</sup> 1888

4. Place of Birth, (Street and Number)

Baltimore, Ramsey St. 145

5. Full Name of Mother

Johnna Fitzgibbon

6. Mother's Maiden Name

Bredford

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Fitzgibbon

9. Father's Occupation

Seaman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Mitchell

Address

No. 145 Ramsey St.

Remarks

# RETURN OF A BIRTH

41503

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Second Child*
1. Sex, (state whether male or female).... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 22nd*
4. Place of Birth, (Street and Number) *No 152 N Greene st*
5. Full Name of Mother, *Annie Campbell*
6. Mother's Maiden Name, *Annie Duhoist*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *C. W. Campbell*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Catherine Sebach*
- Address, *106 439 W Pratt st*
- Remarks, *Balt*

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141501

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

2<sup>d</sup> Child.  
Male.  
White.  
August 22 1880.  
235 E. Biddle St.  
Lydia James.  
Lydia Griffith.  
Baltimore.  
Frederick A. James.  
Printer.  
Rochester N.Y.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Child - Healthy

J. B. Powell, M.D.  
City & County Rec.

1. Name of mother, whether married or not, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111505

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth, (Street and Number) 212 79 North Street Baltimore
5. Full Name of Mother Catharine Bell
6. Mother's Maiden Name Bender
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Bell
9. Father's Occupation Box Maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Miss D. M. D.
- Address \_\_\_\_\_
- Remarks No 60 Schroeder Street

# RETURN OF A BIRTH.

41506

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

16<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

23<sup>rd</sup> Apr

4. Place of Birth (Street and Number)

243 Canton St.

5. Full Name of Mother

Henrietta Reed

6. Mother's Maiden Name

Henrietta Derry

7. Mother's Birthplace

Kent-lev. Ind

8. Full Name of Father

Perry Reed

9. Father's Occupation

Labourer

10. Father's Birthplace

Kent-lev. Ind

Name of Medical Attendant, or other Person who makes this Return.

R. M. Hall M.D.

Address

262 Sharp St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

141507

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *23 August 1880.*

4. Place of Birth, (Street and Number) *112 Hamburg St.*

5. Full Name of Mother, *Annie Catharine Schaefer.*

6. Mother's Maiden Name, *" Schrodler.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Adolph Schaefer.*

9. Father's Occupation, *Sailor.*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Adolphine Muesel*  
or other Person who makes this Return.

Address, *42 S. Carroll St.*

Remarks,

# RETURN OF A BIRTH.

111508

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 23, 1880.

4. Place of Birth (Street and Number)

254 N. Gilman St.

5. Full Name of Mother

Maggie Polk,

6. Mother's Maiden Name

Callaway.

7. Mother's Birthplace

Topeka, Kansas

8. Full Name of Father

Frank D. Polk,

9. Father's Occupation

Merchant,

10. Father's Birthplace

New Orleans, La.

Name of Medical Attendant, or other Person who makes this Return.

J. L. Gole M.D.  
217 Louisiana St.

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH.

41509

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex (state whether Male or Female)

~~Female~~ Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 23, 1880.

4. Place of Birth (Street and Number)

5 Columbia Ave.

5. Full Name of Mother

Amelia Eisner

6. Mother's Maiden Name

Amelia Herzog

7. Mother's Birthplace

Connecticut

8. Full Name of Father

Wm Eisner

9. Father's Occupation

Clerk

10. Father's Birthplace

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Aug. J. Enich, M.D.

Address

94 S. Broadway.

Remarks

- Seven months child.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41570

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 23<sup>rd</sup> 1880.

4. Place of Birth (Street and Number)

37 George St.

5. Full Name of Mother

Catherine Rohlfing  
Benner

6. Mother's Maiden Name

7. Mother's Birthplace

Balto. City Md.

8. Full Name of Father

Edward Rohlfing

9. Father's Occupation

Clerk

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St.

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 23<sup>d</sup> 1880*

4. Place of Birth (Street and Number) *No 49 N Wolfe st*

5. Full Name of Mother *Catherine Carey*

6. Mother's Maiden Name *Catherine Martin*

7. Mother's Birthplace *Caroline Co Md*

8. Full Name of Father *Robert Walter Carey*

9. Father's Occupation *Trainer*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Kirby Md*

Address *No 24 Columbia Avenue*

Remarks

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH, <sup>4415121</sup>

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 22

4. Place of Birth, (Street and Number) 225 E Lombard st

5. Full Name of Mother Mary Strohecker

6. Mother's Maiden Name Biel

7. Mother's Birthplace Germany

8. Full Name of Father Benjamin Strohecker

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Gutzke

Address No 55 S. Bond st

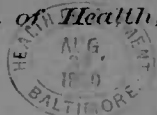
Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

111573

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *28th August 1890*
- Place of Birth, (Street and Number) *No 110 Btry. Av.*
- Full Name of Mother, *Barbary Walker*
- Mother's Maiden Name, *Barbary Bened*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *William Walker*
- Father's Occupation, *Engineer*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Sabrina Gieshaber*  
or other Person who makes this Return
- Address, *No 228 West St.*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- 1115711-
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 23 of August
4. Place of Birth (Street and Number) 104 South Mount
5. Full Name of Mother Lucile Sordani
6. Mother's Maiden Name Lucile Cherryrad
7. Mother's Birthplace Prince George County
8. Full Name of Father Thomas Sordani
9. Father's Occupation Baltimore
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson
- Address 104 212 E. Ave
- Remarks fine healthy child  
mother and child

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 28 md.*

4. Place of Birth (Street and Number) *No 29 William Street*

5. Full Name of Mother *Clarra Bussey*

6. Mother's Maiden Name *Clarra Hogg*

7. Mother's Birthplace *Baltimore city md*

8. Full Name of Father *James Bussey*

9. Father's Occupation *employed by city*

10. Father's Birthplace *Balt city md*

Name of Medical Attendant,

or other Person who makes this Return.

Address

Remarks

*Elizabeth Hinton*  
*No 121 East Ave*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).....

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

August 23d 1880.

4. Place of Birth, (Street and Number)

57 St. Paula St.

5. Full Name of Mother,

Ella A Owens,

6. Mother's Maiden Name,

Ella A Saunders,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Frederic Owens,

9. Father's Occupation,

Tea & Coffee dealer.

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

John E. Huntington MD

Address,

134 Carrollton A

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

23<sup>rd</sup> of August 1880

4. Place of Birth (Street and Number)

N<sup>o</sup> 145 S. Exeter St.

5. Full Name of Mother

Annie Kirchgessner

6. Mother's Maiden Name

Annie Groll

7. Mother's Birthplace

Baltimore City (MD)

8. Full Name of Father

George Kirchgessner

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore City (MD)

Name of Medical Attendant, or other Person who makes this Return.

Mrs Clara Himmings

Address

N<sup>o</sup> 95 Altamarle Street

Remarks

(City)

# RETURN OF A BIRTH, 111578

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
August 23, 1883  
428 Light St Balto  
Mat. Miller  
Ann  
England  
John J. Miller  
Laborer  
Baltimore  
M. J. Ann Nash

name of the mother of such child or children.

# RETURN OF A BIRTH, 111519

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Born on the 23 of August 1887

4. Place of Birth, (Street and Number)

959 W. Pratt St.

5. Full Name of Mother

Lena Heiner

6. Mother's Maiden Name

Lena Hunt

7. Mother's Birthplace

City of Balto.

8. Full Name of Father

Frederick Heiner

9. Father's Occupation

Drover

10. Father's Birthplace

City of Balto.

Name of Medical Attendant, or other Person who

Mrs. Miller

Address

1017 W. Pratt St.

Remarks



name of the mother of each child or children.

# RETURN OF A BIRTH

111520

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> Child*

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August the 23.*

4. Place of Birth, (Street and Number) *Hampstead St. No. 199 24*

5. Full Name of Mother, *Friederike Hauser*

6. Mother's Maiden Name, *Friederike Hauser*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, { }

9. Father's Occupation, { }

10. Father's Birthplace, { }

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address, *16 Dallas St. N.Y.C.*

Remarks, .....

of the parents, and the maiden name of the mother of said child or children.

# RETURN OF A BIRTH

41521

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth, August the 23, 1880.

4. Place of Birth, (Street and Number)

Mulikin St. No. 125

5. Full Name of Mother,

Emma Bröhlein

6. Mother's Maiden Name,

Emma Hartmann

7. Mother's Birthplace,

Strehlitz, Pr. Preussen, Germany

8. Full Name of Father,

Nicolaus Bröhlein

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Schwarzenbach, Pr. Baiern, Germany

Name of Medical Attendant,

or other Person who makes this return, Harry E. Müller

Address,

1. Dallas St. No. 26

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

141522

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Light complexion*

3. Date of Birth, *August 23<sup>rd</sup> 1880*

4. Place of Birth, (Street and Number) *# 165 Pierce St.*

5. Full Name of Mother, *Jessy Tomkins*

6. Mother's Maiden Name, *Livingston*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *George Tomkins*

9. Father's Occupation, *Writer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *46 Hamilton Street*

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111523

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

27 August 1888

4. Place of Birth, (Street and Number)

No 8 Duran St

5. Full Name of Mother

Margaret Brown

6. Mother's Maiden Name

Margaret Downer

7. Mother's Birthplace

Dorchester

8. Full Name of Father

Harris Brown

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Robert Martin

Address

70 Harris St

Remarks

Infant died Aug 28

# RETURN OF A BIRTH

1115214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Jewish

3. Date of Birth,

24 August 1880

4. Place of Birth, (Street and Number)

102 Abornment St

5. Full Name of Mother,

Sandra Jackepson

6. Mother's Maiden Name,

Rahn

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Julius Jackepson

9. Father's Occupation,

Second Hand Store

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rose Allig

Address,

48 Holland Street

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

GIVEN NAME ADDED

8-9-49

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Carlos Manuel Bello

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

24th Aug 1910

4. Place of Birth, (Street and Number)

111 S. Schroeder St Balt. Md.

5. Full Name of Mother

Caroline Bello

6. Mother's Maiden Name

(no maiden name)

7. Mother's Birthplace

Cuba

8. Full Name of Father

Cirafin Bello

9. Father's Occupation

Cigar manufacturer

10. Father's Birthplace

Cuba

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Anna Dignata

Address

111 S. Schroeder Street

Remarks



# RETURN OF A BIRTH

41526

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

24 Aug 1890

4. Place of Birth, (Street and Number)

417 Saratoga  
Somerset

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Somerset

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return.

Edw. J. McHollant

Address,

283. W. Lombard

Remarks,

of two parents, and the maiden name of the mother of such child or children.

Attention, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 24th 1880

4. Place of Birth, (Street and Number)

7124 Condit St, Baltimore, Md

5. Full Name of Mother

Amelia Krag

6. Mother's Maiden Name

Ross

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Joseph Krag

9. Father's Occupation

Provision Dealer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. F. Gilman

Address

212 E. Calverton

Remarks

Caroline Krag

# RETURN OF A BIRTH

41528

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, aug. 24
4. Place of Birth, (Street and Number) Balt Jenkins alley No 15
5. Full Name of Mother, Martha Diston
6. Mother's Maiden Name, Dunock
7. Mother's Birthplace, Cambridge Md
8. Full Name of Father, Joseph Diston
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return, Mary A Dorsey
- Address, 83 Oxford St
- Remarks,

# RETURN OF A BIRTH

41520

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 24 1880

4. Place of Birth, (Street and Number) Balt Chesnut alley No 91

5. Full Name of Mother, Lely Hardy

6. Mother's Maiden Name, Hawkins

7. Mother's Birthplace, Balt Md

8. Full Name of Father, James Hardy

9. Father's Occupation, Waiter

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Mary A Dorsey  
83 Oxford

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

24 August

4. Place of Birth, (Street and Number)

716 Pratt

5. Full Name of Mother,

Marie Walker

6. Mother's Maiden Name,

Friesweit

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

John Walker

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sara Casper

Address,

526 Lombard

Remarks,

# RETURN OF A BIRTH

14-1531

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *24 August*
4. Place of Birth, (Street and Number) *26 W. Pratt*
5. Full Name of Mother, *Marie Kote*
6. Mother's Maiden Name, *Kurshberg*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Henri Kote*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah Casper*
- Address, *82 Lombard*
- Remarks,

of the parents, and the maiden name of the mother of each child of illegit.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111532

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *24 August 1880*  
4. Place of Birth (Street and Number) *N Gay Street 33*  
5. Full Name of Mother *Margaretha Schmets*  
6. Mother's Maiden Name *Margaretha Schmies*  
7. Mother's Birthplace *Leipen Darmstadt*  
8. Full Name of Father *Adolph Schmets*  
9. Father's Occupation *Salvatorekeeper*  
10. Father's Birthplace *Wurtemberg*  
Name of Medical Attendant, or other Person who makes this Return *L E Reinhard*  
Address *224 West Fayette Street*  
Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

41533

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) White Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 24 1880

4. Place of Birth (Street and Number) 275 N. Ann St.

5. Full Name of Mother Julia, Leda. Elizabeth Cole

6. Mother's Maiden Name Phillips

7. Mother's Birthplace City

8. Full Name of Father Robert Clarence Cole

9. Father's Occupation Mariner

10. Father's Birthplace City

Name of Medical Attendant, or other Person who make this Return. C. P. Bone M.D.

Address 406 E. Balto. St.

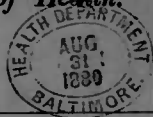
Remarks

son ill-born, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1115811

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 24<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) No number. Balair road.

5. Full Name of Mother Kate Friske

6. Mother's Maiden Name Kate Rabe

7. Mother's Birthplace Germany

8. Full Name of Father George Friske

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Huggins?

Address 182. Monument St.

Remarks \_\_\_\_\_

# RETURN OF A BIRTH 41535

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 of August 1880

4. Place of Birth, (Street and Number)

387 Eastern Av

5. Full Name of Mother,

Sophi gingnagle

6. Mother's Maiden Name,

Adase

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George gingnagle

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address,

N 13 Patterson Park Av

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41536

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup> of 12 in 9*  
 1. Sex, (state whether male or female) *Boys*  
 2. Race or Color, (if not of the white race) *Weiß*  
 3. Date of Birth, *geboren den 24<sup>ten</sup> August*  
 4. Place of Birth, (Street and Number) *N<sup>o</sup> 259. 9. Bond Str*  
 5. Full Name of Mother, *Mary Boier*  
 6. Mother's Maiden Name, *Mary A. Hermann*  
 7. Mother's Birthplace, *Deutschland*  
 8. Full Name of Father, *Franz Boier*  
 9. Father's Occupation, *Handarbeiter*  
 10. Father's Birthplace, *Deutschland*  
 Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*  
 Address, *N<sup>o</sup> 197 S. Dallas Str*  
 Remarks, *Henne*

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41537

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) Colored

3. Date of Birth Aug 24<sup>th</sup> 1880

4. Place of Birth (Street and Number) No 142, welcome ally

5. Full Name of Mother Mary E Johnson

6. Mother's Maiden Name

7. Mother's Birthplace Kent Island Md

8. Full Name of Father Richard Johnson

9. Father's Occupation Laborer

10. Father's Birthplace St. Marys County Md

Name of Medical Attendant, or other Person who makes this Return.

Address 11 Burgundy Alley

Remarks

Deborah Thomas

# RETURN OF A BIRTH.

41538

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) 1 Male
2. Race or Color (if not of the white race) White
3. Date of Birth August the 24 1880
4. Place of Birth (Street and Number) No 20 Morris st
5. Full Name of Mother Emmy J. Galtner
6. Mother's Maiden Name Emmy J. Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Galtner
9. Father's Occupation Spinner
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Treuburger
- Address 792 Pratt st
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141539

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~write whether 1st, 2d, 3d, etc.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

August 24 1881

4. Place of Birth (Street and Number)

56 Parkin St

5. Full Name of Mother

Jimmie Hurme

6. Mother's Maiden Name

Reinick

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Capt J. M. Hurme

9. Father's Occupation

Sea Captain

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Shepherd M.D.

Address

115 High St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth Aug 24<sup>th</sup> 1880
4. Place of Birth (Street and Number) Co. of Ann x Madison
5. Full Name of Mother Estia Mackin
6. Mother's Maiden Name " Pa Daily
7. Mother's Birthplace Pa
8. Full Name of Father Frank Mackin
9. Father's Occupation Brass finisher
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Anderson
- Address 121 E Balto street
- Remarks \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH 41574-1

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex, (state whether male or female) *male*  
 2. Race or Color, (if not of the white race) *Colored*  
 3. Date of Birth, *Aug 24, 5 A.M.*  
 4. Place of Birth, (Street and Number) *135 David Hill St.*  
 5. Full Name of Mother, *Mary Robinson*  
 6. Mother's Maiden Name, *Thomas*  
 7. Mother's Birthplace, *Easton Md*  
 8. Full Name of Father, *David Thomas*  
 9. Father's Occupation, *Writer*  
 10. Father's Birthplace, *Balto Co. Md*  
 Name of Medical Attendant, *Herbert Harlan M.D.*  
or other Person who makes this Return.  
 Address, *246 Madison Ave.*  
 Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 41542

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks



Female  
White  
Aug. 24<sup>th</sup> 1880  
Baltimore Postroad No. 111  
Lucy Cunningham  
Whittenday  
Hammaker  
Emmanuel G. Cunningham  
Laborer  
Frederick  
Abner L. Nuttall  
1414 Ramsey

# RETURN OF A BIRTH 111513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 the

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 24th 1880

4. Place of Birth, (Street and Number)

43 Perkins St

5. Full Name of Mother,

Emma c. Michael Stemmler

6. Mother's Maiden Name,

Emma Michel

7. Mother's Birthplace,

Gen Baltimore City

8. Full Name of Father,

John Stemmler

9. Father's Occupation,

Tanner

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Mrs. Schlifer

Address,

20 Columbia St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1-15744

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth:

Aug. 24<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

Maternite 161 W. Lombard St.

5. Full Name of Mother

Emma Keyser.

6. Mother's Maiden Name

7. Mother's Birthplace

Belair road.

8. Full Name of Father

unknown.

9. Father's Occupation

"

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.

Address

Maternite

Remarks

161 W. Lombard St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1415145

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

W

3. Date of Birth

Aug 24th 1880

4. Place of Birth (Street and Number)

4 Baker St

5. Full Name of Mother

Maria Decker

6. Mother's Maiden Name

Quens

7. Mother's Birthplace

York Penna

8. Full Name of Father

George Dr Decker

9. Father's Occupation

Painter

10. Father's Birthplace

York Penna

Name of Medical Attendant, or other Person who makes this Return.

Chas E Sattler

Address

649 Penna Ave

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41546

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child one another

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, August the 24th 1890

4. Place of Birth, (Street and Number) 112 N. Bell St Baltimore City Md

5. Full Name of Mother, Henrietta Jackson

6. Mother's Maiden Name, Henrietta Hunt

7. Mother's Birthplace, Dorchester County Md

8. Full Name of Father, Daniel Jackson

9. Father's Occupation, Cysters Shucker

10. Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return, Lucinda Woodford

Address, 130 N. Regester St Baltimore Md

Remarks,

without any delay or delay, making accurately the name of child, sex, an color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*Eighth*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*Colored*

3. Date of Birth

*Aug 24<sup>th</sup> 1890*

4. Place of Birth (Street and Number)

*No 92 South Dallas St*

5. Full Name of Mother

*Martha Adams Thomas*

6. Mother's Maiden Name

*Martha Adams*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Wm Thomas*

9. Father's Occupation

*Laborer*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Louisa Seaton*

Address

Remarks



# RETURN OF A BIRTH, 11152118

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 24th

4. Place of Birth, (Street and Number) No 225 E Lombard st

5. Full Name of Mother Mrs Mary G. Phillips

6. Mother's Maiden Name Phillips

7. Mother's Birthplace Baltimore

8. Full Name of Father John Friel

9. Father's Occupation Laborer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address No 225 E Lombard st

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1<sup>st</sup>  
Male  
White  
August 25, 1880

237 August St.

Lillie Read

Lillie Mills

Maryland

William C. Read

Clerk

Maryland

D. W. Horck M.D.

75 E. Baltimore St.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth August 25<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 1516 Canton Ave

5. Full Name of Mother Elizabeth Repp

6. Mother's Maiden Name Repper

7. Mother's Birthplace Germany

8. Full Name of Father John Repp

9. Father's Occupation Dyer

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. Miss Elizabeth Bate

Address 120 Bank - 15

Remarks \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> & 4<sup>th</sup> (twins)  
both boys.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 25<sup>th</sup>  
No. 312. Hanover st.

4. Place of Birth, (Street and Number)

Louisa Schmidt.

5. Full Name of Mother,

Louisa Fritschner

6. Mother's Maiden Name,

German.

7. Mother's Birthplace,

8. Full Name of Father,

Wm C. Schmidt

9. Father's Occupation,

Piano maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Barbara Mung

Address,

46 Lombard st.

Remarks,

# RETURN OF A BIRTH

41553

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 August 1880
4. Place of Birth, (Street and Number) 85 Kenilworth Street
5. Full Name of Mother, Ella Ulbig
6. Mother's Maiden Name, Hammes
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Ezra Ulbig
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return.
- Address, Mrs Rose Ulbig
- Remarks, 48 Hollard Street 1880

# RETURN OF A BIRTH

415574

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
gives this Return.

Address,

Remarks,

Aug. 25, 1888

11. Wall St. No. 15.

Elisabeth Funk

Chart

Bohemian

Joseph Funk

Seaman

Bohemian

Wm. J. Frank

11. Wall St. No. 14

# RETURN OF A BIRTH

11555

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 of August 1880*
4. Place of Birth, (Street and Number) *236 Joseph street*
5. Full Name of Mother, *Mrs. Mollie Kennard*
6. Mother's Maiden Name, *Mrs. Mollie C. Barton*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George W. Kennard*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
- Address, *No 19 Patterson Park Av*
- Remarks,

Within six days thereafter, making accurately the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

111556

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 25th

4. Place of Birth (Street and Number)

107 Pleasant

5. Full Name of Mother

Ellie Muller

6. Mother's Maiden Name

Chesler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Muller

9. Father's Occupation

Machinist

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm W. Bridge Th D

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

141557

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *25th of August*
4. Place of Birth (Street and Number) *55 Oak St.*
5. Full Name of Mother *Caroline Sands*
6. Mother's Maiden Name *Yee*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Louis Sands*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotta Crosby*
- Address *367 Cathedral St.*
- Remarks



# RETURN OF A BIRTH

141538

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 August

4. Place of Birth, (Street and Number)

121 S. Canal

5. Full Name of Mother,

Christina Krum

6. Mother's Maiden Name,

Kraus

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Will. Krum

Father's Occupation,

Worshipman

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Thos Para Casper

Address,

512 B Lombard

Remarks,

# RETURN OF A BIRTH

141559

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*25 August 1880*

4. Place of Birth, (Street and Number)

*166 Greenland St*

5. Full Name of Mother,

*Caroline Bringer*

6. Mother's Maiden Name,

*Truesdell*

7. Mother's Birthplace,

*Baltimore Md.*

8. Full Name of Father,

*John Bringer*

9. Father's Occupation,

*Shoemaker*

10. Father's Birthplace,

*Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

*Mrs Rose Ullrich*

Remarks,

*218 Greenland Street*

FILE NAME INDEX 12-27-56 21560  
**RETURN OF A BIRTH**

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**



● **Margaret Rose Nicholas**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 4<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 25<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 135 Duncan Alley

5. Full Name of Mother, Julia Ocurat Nicholas

6. Mother's Maiden Name, Julia Ockert

7. Mother's Birthplace, County Mayo Ireland

8. Full Name of Father, Patrick Nicholas

● Father's Occupation, Laborer

10. Father's Birthplace, County Mayo Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. Marks & Simons

Address, 171 South Washington Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 41561

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 25<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) #11, Cornet st.

5. Full Name of Mother Christine Hangeran

6. Mother's Maiden Name Christine Walters

7. Mother's Birthplace Ireland

8. Full Name of Father John Greengard

9. Father's Occupation Porter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Helen Hillegard

Address 182 E. Monument st.

Remarks

In addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

dition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 25 1880

4. Place of Birth, (Street and Number) # 147 West Lombard St.

5. Full Name of Mother Anna Drake

6. Mother's Maiden Name Anna Bracher.

7. Mother's Birthplace Germany

8. Full Name of Father Frederick Drake

9. Father's Occupation Restaurant.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegeist

Address 182 E. Pennsylvania St.

Remarks \_\_\_\_\_

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41563

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth August 25<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 197 E. Fair St.
5. Full Name of Mother Leone Champlaz
6. Mother's Maiden Name L. B. Baird
7. Mother's Birthplace Bensalvanien
8. Full Name of Father Daisie M. Champlaz
9. Father's Occupation Blackman
10. Father's Birthplace L. Karolien
- Name of Medical Attendant, or other Person who makes this return. M. R. Rudiger
- Address 124 N. Bond St.
- Remarks

In addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 25 1880

4. Place of Birth, (Street and Number) 420 E. Montiponsky

5. Full Name of Mother Luise Reinhardt

6. Mother's Maiden Name E. Koll

7. Mother's Birthplace Baltimore

8. Full Name of Father Loren Reinhardt

9. Father's Occupation Canmaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 W. Bond St.

Remarks

# RETURN OF A BIRTH

41565

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*

1. Sex, (state whether male or female)... *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25 of august 1880*

4. Place of Birth, (Street and Number) *71. Cambridge st*

5. Full Name of Mother, *Mary houser*

6. Mother's Maiden Name, *" Acley*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael houser*

9. Father's Occupation, *Salora*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr Wiley*

Address, *13 Patterson Park av*

Remarks,



# RETURN OF A BIRTH.

41576

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 23rd, 1890

4. Place of Birth (Street and Number) 422 W. 1st St.

5. Full Name of Mother Miriam S. S. S.

6. Mother's Maiden Name Eckert

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Charles S. S.

9. Father's Occupation Steam fitter

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Dr. W. D. D. D.

Address 1 E. Co. Clark Ave. - Baltimore

Remarks Child born healthy, no complications.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 4156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth 25 August 1890

4. Place of Birth, (Street and Number) 218 93 Madison Street

5. Full Name of Mother Amanda Lee

6. Mother's Maiden Name Amanda Lee

7. Mother's Birthplace Frederick, Virginia

8. Full Name of Father Robert Lee

9. Father's Occupation carpenter

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Lee

Address 218 93 Madison Street

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111578

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The third*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Aug 25 1880*

4. Place of Birth (Street and Number) *No 317*

5. Full Name of Mother *Mrs E King*

6. Mother's Maiden Name *Mrs E King*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Smith M King*

9. Father's Occupation *Labour*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs E King*

Address *No 171 South Chester St*

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 11859

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female)

*male*

2. Race or Color, (if not of the white race)

*25th August, 1880.*

3. Date of Birth

4. Place of Birth, (Street and Number)

*W. Wolf st No 29.*

5. Full Name of Mother

*Annie B. Martin*

6. Mother's Maiden Name

*Annie A. Wilson*

7. Mother's Birthplace

*Balto.*

8. Full Name of Father

*John B. Martin*

9. Father's Occupation

*Butcher*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this return.

*Mary A. M. M. M.*

Address

*286 E. Denzys st*

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH,

41570

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third  
female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

August 25<sup>th</sup>

4. Place of Birth, (Street and Number)

235 W. Wolf St.

5. Full Name of Mother

Sophia D. Worthington

6. Mother's Maiden Name

Sophia D. Walburn

7. Mother's Birthplace

Balto.

8. Full Name of Father

Thomas Worthington

9. Father's Occupation

Chair Finisher

Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

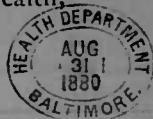
Address

286 N. Trench St

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *August 25<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *66 Harrison st.*

5. Full Name of Mother *Fanny Gabinsky*

6. Mother's Maiden Name *Rockniskel*

7. Mother's Birthplace *Russia*

8. Full Name of Father *Abraham Gabinsky*

9. Father's Occupation *Pedler*

10. Father's Birthplace *Russia*

Name of Medical Attendant, or other Person who makes this return *Mrs. C. Bernstein*

Address *113 E. Lombard st.*

Remarks

# RETURN OF A BIRTH

11572

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 25<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

Bark St. Baltimore city Canton

5. Full Name of Mother,

Rose Bonhag Klism

6. Mother's Maiden Name,

Rose Bonhag

7. Mother's Birthplace,

America

8. Full Name of Father,

Andrew Klism

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this return.

Mrs Mary E. Klism

Address,

171 South Washington St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 111573.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 25

4. Place of Birth, (Street and Number) 39 Baltimore av Baltimore

5. Full Name of Mother Annie Wall

6. Mother's Maiden Name Annie Lutsch

7. Mother's Birthplace Baltimore

8. Full Name of Father Leopold Wall

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Lutsch

Address

Remarks



# RETURN OF A BIRTH

41574

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth, .....

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace, .....

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, .....

Remarks, .....

For  
White Male  
August 25-1880  
No 177 Montgomery St  
Dr Zully  
Dr Massey  
Frank Zully  
Printer  
Ind 213 North Mt  
17 Harmon av

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th  
Male.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 25/80

4. Place of Birth (Street and Number)

6 Addison St.  
Mary Götter.

5. Full Name of Mother

6. Mother's Maiden Name

" Hopkins

7. Mother's Birthplace

Ireland

8. Full Name of Father

Joseph Götter

9. Father's Occupation

laborer

10. Father's Birthplace

Ireland, England.  
Edward P. McDowell

Name of Medical Attendant, or other Person who makes this Return.

Address

133 1/2 E. L. St.

Remarks

# RETURN OF A BIRTH.

141576

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) - W. H.

3. Date of Birth Aug 25<sup>th</sup> 1890

4. Place of Birth (Street and Number) Corner Howard & Market Street

5. Full Name of Mother Aphie Tilly

6. Mother's Maiden Name " Wicks

7. Mother's Birthplace Sarawia

8. Full Name of Father John Tilly

9. Father's Occupation Clothing Shuttle

10. Father's Birthplace Sarawia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. E. Schmidt

Address

10422 Penn Avenue

Remarks

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd child*

Sex (state whether Male or Female) *Male*

Race or Color (if not of the white race) *Colored*

Date of Birth *Aug 25 1880*

Place of Birth (Street and Number) *19 Valley street*

Full Name of Mother *Mary Fidelia Lewis*

Mother's Maiden Name *Walters*

Mother's Birthplace *Baltimore*

Full Name of Father *Walker W Lewis*

Father's Occupation *Ironer*

Father's Birthplace *R Va*

Name of Medical Attendant, or other Person who makes this Return.

*C. B. Garrison*

Address

*108 Calhoun*

Remarks

# RETURN OF A BIRTH.

111578

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



born, its or their parent of the parent born, its or their parent of the parent

- N. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 25 of August 1880
4. Place of Birth (Street and Number) 39 Perrey St
5. Full Name of Mother Lizzie Bond
6. Mother's Maiden Name Lizzie Tillman
7. Mother's Birthplace Philadelphia
8. Full Name of Father Laura Bond
9. Father's Occupation Coachman
- Father's Birthplace Philadelphia
- Name of Medical Attendant, or other Person who makes this Return Mary Ann Dawsey
- Address 64 Ellow Lane
- Remarks five dollars

# RETURN OF A BIRTH.

41579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
August 25/80  
111 Hollins St  
Kate Kierwin  
McGraw  
Ireland  
Mr. Kierwin  
Hostler  
Ireland

H. L. L. L. L. L.  
387 W. Lombard

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41580

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th of August 1886

4. Place of Birth, (Street and Number) 134 East Hamilton St.

5. Full Name of Mother, Emma L. Smith

6. Mother's Maiden Name, Emma L. Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry L. Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. Smith

Address, 1111th

Remarks, Healthy

of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22nd August 1880

4. Place of Birth, (Street and Number)

33 North Chapel Street

5. Full Name of Mother,

Louis R. H.

6. Mother's Maiden Name,

John R. H.

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John R. H.

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return.

Charles H. H.

Address,

71 North Chapel Street for John R. H.

Remarks,

Healthy.

learn, his or their sex, that occupation, the name of the mother of such child or children, of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Birth*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *25th day of August*

4. Place of Birth, (Street and Number) *257 E. Pratt St.*

5. Full Name of Mother *Nicolaus J. Miplach*

6. Mother's Maiden Name *Saloma Guile*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Nicolaus J. Miplach*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return. *H. Schuman, M.D.*

Address *255 E. Pratt St.*

Remarks

# RETURN OF A BIRTH

111583

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August the 25, 1890*

4. Place of Birth, (Street and Number) *N. Wolfe St. No. 199*

5. Full Name of Mother, *Laura V. Fields*

6. Mother's Maiden Name, *Laura V. Hagers*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Robert Fields*

9. Father's Occupation, *Cross Finischer*

Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Report, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

*Female,*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Aug. 25. 1880*

4. Place of Birth, (Street and Number)

*118 Harmon Ave.*

5. Full Name of Mother,

*Auselia Wheaty,*

6. Mother's Maiden Name,

*Colbert,*

7. Mother's Birthplace,

*Somerset Co. Md.*

8. Full Name of Father,

*Capt. Thomas G. Wheaty,*

9. Father's Occupation,

*Carman,*

10. Father's Birthplace,

*Somerset Co. Md.*

Name of Medical Attendant, or other Person who makes this Return.

*E. G. Ryck Jr. D.*

Address,

*Balt. & Washington Sts.*

Remarks,

*Natural,*

# RETURN OF A BIRTH

41583

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child one mother*

1. Sex, (state whether male or female). *Male Child*

2. Race or Color, (if not of the white race) *Colored race*

3. Date of Birth, *August the 25-1880*

4. Place of Birth, (Street and Number) *131 of Regester St Baltimore City Md*

5. Full Name of Mother, *Mary Francis Stiles*

6. Mother's Maiden Name, *Mary Francis Chase*

7. Mother's Birthplace, *Dorchester County Md*

8. Full Name of Father, *Henry Stiles*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *Dorchester County Md*

Name of Medical Attendant, *Lurinda Woodford*  
or other Person who makes this Return.

Address, *130 Regester St Baltimore Md*

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 26th 1880

4. Place of Birth, (Street and Number)

1477 71st St

5. Full Name of Mother

Sophia Augusta Beck

6. Mother's Maiden Name

Hochreiter

7. Mother's Birthplace

Philadelphia Pa

8. Full Name of Father

Johann Beck

9. Father's Occupation

Barber

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return.

Dr. W. S. Kelly

Address

1000 E. Gay St

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th ch

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) W

3. Date of Birth Aug 26 1880

4. Place of Birth, (Street and Number) N 155 Calvert "

5. Full Name of Mother Margt King

6. Mother's Maiden Name Margaret Norton

7. Mother's Birthplace MD

8. Full Name of Father Wm King

9. Father's Occupation Electric

10. Father's Birthplace Balti Md

Name of Medical Attendant, or other Person who makes this Return. W H Patterson M.D.

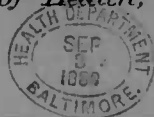
Address 23 Franklin' 96

Remarks \_\_\_\_\_

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 26

4. Place of Birth, (Street and Number)

1st Green St 176

5. Full Name of Mother,

Minnie T. Pelt.

6. Mother's Maiden Name,

Minnie T. Pelt.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Theodor Pelt.

9. Father's Occupation,

Barrmather

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Adelpha M. Munn

Address,

42 Lombard St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

41587

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Aug. 26<sup>th</sup>, 1880  
4. Place of Birth, (Street and Number) Baltimore Lombard St 531  
5. Full Name of Mother Rebecca Kelly  
6. Mother's Maiden Name McGinness  
7. Mother's Birthplace Baltimore  
8. Full Name of Father James Kelly  
9. Father's Occupation Boychises  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this return. Wm. A. Whitwell  
Address No. 141 Ramsey St  
Remarks \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 26th 1880*
4. Place of Birth (Street and Number) *592 N. Pratt St.*
5. Full Name of Mother *Almira J. Hays*
6. Mother's Maiden Name *Thobals*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Edward J. Hays*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *E. B. Britton M.D.*
- Address *57 E. Broadway*
- Remarks



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 25 August 1880

4. Place of Birth, (Street and Number) 51 Pagson St

5. Full Name of Mother, Kate Kausakatis

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Hildesheim, Germany

8. Full Name of Father, Hermann Kausakatis

9. Father's Occupation, Luthsmith

10. Father's Birthplace, Elberfeld, Prussia (Germany)

Name of Medical Attendant, or other Person who makes this Return, Mrs Catherine Seebach

Address,

Remarks, 439 West Pratt St

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex (state whether male or female)

Male child

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth

24th of Aug

4. Place of Birth, (Street and Number)

Dallas st No 128

5. Full Name of Mother

Henrietta Carnegie

6. Mother's Maiden Name

Henrietta Criswell

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

James Carnegie

9. Father's Occupation

Oyster Merchant

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Harriet B. Patton

Address

No 18 of Bethel

Remarks

# RETURN OF A BIRTH.

11-159.3

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 26, 1880*

4. Place of Birth (Street and Number) *209 N. Fulton St*

5. Full Name of Mother *Alice H. Shannon*

6. Mother's Maiden Name *Alice H. Booth*

7. Mother's Birthplace *Connecticut*

8. Full Name of Father *David R. Shannon*

9. Father's Occupation *Iron Merchant*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *W. Hammond M.D.*

Address *64 N. Paca St. Balt.*

Remarks *Natural labor -*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41894

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 26

4. Place of Birth (Street and Number)

No. 7 N. W. St.

5. Full Name of Mother

Eliza Kschel

6. Mother's Maiden Name

Hilgenburger

7. Mother's Birthplace

City

8. Full Name of Father

Timothy Kschel

9. Father's Occupation

Trainer

10. Father's Birthplace

Wisconsin

Name of Medical Attendant, or other Person who makes this Return.

J. E. Burch M.D.

Address

151 Hanover St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 26 1880*
4. Place of Birth (Street and Number) *495 Madison Ave*
5. Full Name of Mother *Ella Parr Reese*
6. Mother's Maiden Name *" Parr*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Fredrick Focke Reese*
9. Father's Occupation *Preacher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *D. C. Williams*
- Address *201 Madison Ave*
- Remarks

# RETURN OF A BIRTH

11596

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Aug 26

4. Place of Birth, (Street and Number) Balt Monument St No 34

5. Full Name of Mother, Sarah Tilghman

6. Mother's Maiden Name,

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Charles Tilghman

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return, Mary C Dorsey

Address, 83 Oxford St

Remarks,



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 28 1880

4. Place of Birth, (Street and Number) Balt Pear alley No 84

5. Full Name of Mother, Elizabeth Wilson

6. Mother's Maiden Name, Burnett

7. Mother's Birthplace, princessann summerset Co Md

8. Full Name of Father, Charles Wilson

9. Father's Occupation, Sailor

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return, Mary A Dorsey

Address, 83 Oxford St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

141598

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 26<sup>th</sup> 1886

4. Place of Birth, (Street and Number) Eastern Avenue 346

5. Full Name of Mother, Annie Elizabeth Gray

6. Mother's Maiden Name, Annie E. Gray

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, William Gray

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary E. Simons

Address, 171 South Washington Street

Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *August the 26<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *Baltimore Ridgely St No 114*
5. Full Name of Mother *Mary Muler*
6. Mother's Maiden Name *Mary Reinhardt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Muler*
9. Father's Occupation *Trunk Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mr. M. Shaffer*
- Address *114 Ridgely street*
- Remarks

the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

241600

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 25th, 11:55 A.M.
4. Place of Birth (Street and Number) 19, Richmond St.
5. Full Name of Mother Mary Kridweas
6. Mother's Maiden Name Borman
7. Mother's Birthplace German
8. Full Name of Father Samuel Kridweas
9. Father's Occupation
10. Father's Birthplace German
- Name of Medical Attendant, or other Person who makes this Return Dr. J. H. [illegible]
- Address 19, Richmond St.
- Remarks Child [illegible]

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maternal name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

26 Aug. '80

4. Place of Birth, (Street and Number)

75 Portland St.

5. Full Name of Mother

Dora Hansenman

6. Mother's Maiden Name

Schmidt

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jacobs Hansenman

9. Father's Occupation

Druggist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Keith

Address

325 South Enoch St.

Remarks

# RETURN OF A BIRTH

141602

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 of August 1880

4. Place of Birth, (Street and Number)

No 54 East. All.

5. Full Name of Mother,

Harry Johnson

6. Mother's Maiden Name,

Harry Marshall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Johnson

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Salina S. S. S.

Address,

No 12 & West St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111603



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth August 26 1895
4. Place of Birth, (Street and Number) 196 Dulaney Street
5. Full Name of Mother Mary E. Swift
6. Mother's Maiden Name Mary E. Swift
7. Mother's Birthplace Baltimore City
8. Full Name of Father John J. Swift
9. Father's Occupation Saloon
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Swift 58

Address 196 Dulaney Street

Remarks \_\_\_\_\_

# RETURN OF A BIRTH, 41604

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 4<sup>th</sup> 9<sup>th</sup> Low St. August 26<sup>th</sup>

4. Place of Birth, (Street and Number) N<sup>o</sup> 98 Low St

5. Full Name of Mother Barbara Spascheimer

6. Mother's Maiden Name Flick

7. Mother's Birthplace Germany

8. Full Name of Father George Spascheimer

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Sophia Simon

Address N<sup>o</sup> 70 G. early St.

Remarks

Consultation, whether or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH,

111605

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 27<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

287 Bane St.

5. Full Name of Mother

Elizabeth Bloxom

6. Mother's Maiden Name

Bowers

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Edward Thomas Bloxom

9. Father's Occupation

Mechanic

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

J. H. Gurney

Address

76 St. Ann St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or childless.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
Aug 27<sup>th</sup> 1880  
No 177 Chest st.  
Bernie Mc Armstrong  
" " Grindell  
Baltimore male  
James Armstrong  
Miner  
Baltimore  
Mrs Mary A Richmond  
185 L St. S

name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasoid

3. Date of Birth 27 August 1880

4. Place of Birth, (Street and Number) No 133 Sterling St

5. Full Name of Mother Learner Jones

6. Mother's Maiden Name Learner Jones

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Garret Jones

9. Father's Occupation Porter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Porter

Address William 70 Street St

Remarks Mother has child this day

# RETURN OF A BIRTH

41608

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> Child

1. Sex, (state whether male or female)...

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 27, 1880.

4. Place of Birth, (Street and Number)

113 S. Paca. St.

5. Full Name of Mother,

Kate E. Roe.

6. Mother's Maiden Name,

" " Sudd.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

W. E. Roe

9. Father's Occupation,

Sea Store.

10. Father's Birthplace,

Do.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 28th Aug 1880

4. Place of Birth, (Street and Number) 51 N. E. St.

5. Full Name of Mother Louise M. Grant

6. Mother's Maiden Name Grant

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Grant

9. Father's Occupation Wine Merchant

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Smith

Address 125 N. E. St.

Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

41610

HEALTH DEPARTMENT  
SEP 8 1280  
BALTIMORE

14

Chimney at 1710

Number) 54 Leeds Hall  
Georgetown Maryland

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at a point on the river.

Labrador mass

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Widney

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born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

female  
colord  
August 27 1880  
72 elbow lane  
Susan Scott  
Susan Harris  
forguire  
Enoch Scott  
Wickmaler  
Baltimore  
Maryann Gawsy  
64 elbow lane  
five Dollars



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *August 27<sup>th</sup> 1880*

5. Place of Birth, (Street and Number) *336 Canton Avenue Baltimore*

6. Full Name of Mother, *Barbara Wellner Vogel*

7. Mother's Maiden Name, *Barthelme Wellner*

8. Mother's Birthplace, *Baltimore*

9. Full Name of Father, *Joseph George Vogel*

10. Father's Occupation, *Carpenter*

11. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Dineen*

Address, *171 South Washington St*

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 11613

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Sept. Aug. 27<sup>th</sup> 1880.*

4. Place of Birth, (Street and Number) *718 27 Monroe St.*

5. Full Name of Mother *Augustus Thomas.*

6. Mother's Maiden Name *Augustus Bowers.*

7. Mother's Birthplace *Maryland.*

8. Full Name of Father *John Thomas.*

9. Father's Occupation *Barber.*

10. Father's Birthplace *Germany.*

Name of Medical Attendant, or other Person who makes this return. *Katherine Doll.*

Address *No. 57 Bantalone St.*

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth Apr. Aug. 27<sup>th</sup> 1889

4. Place of Birth, (Street and Number) 72 89 Monroe St.

5. Full Name of Mother Kate Stedman

6. Mother's Maiden Name Kate Riad

7. Mother's Birthplace Maryland

8. Full Name of Father George Stedman

9. Father's Occupation Machinist

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Bell

Address 211 57 Bantoloe St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

August 27<sup>th</sup> 1880

4. Place of Birth (Street and Number)

No. 158. Plummer alley

5. Full Name of Mother

Josephine Bell

6. Mother's Maiden Name

Josephine Ennis

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Bell

9. Father's Occupation

Laborer

10. Father's Birthplace

Washington

Name of Medical Attendant, or other Person who makes this return

Sarah J. Wilson

Address

No. 252 Hughes st

Remarks

Completed, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth August 29<sup>th</sup> 1880

4. Place of Birth, (Street and Number) # 189 Forrest street

5. Full Name of Mother Bertha Hancock

6. Mother's Maiden Name Bertha Frank

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Hancock

9. Father's Occupation Tailor

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Anna H. H. H.

Address 162 B. Hammond St.

Remarks \_\_\_\_\_

soon after, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 27<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) # 185 East Baltimore st.

5. Full Name of Mother Emma Landt.

6. Mother's Maiden Name Emma Schmalkus

7. Mother's Birthplace Baltimore

8. Full Name of Father Anton Landt

9. Father's Occupation Confectionery

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Hilligard

Address 182 E. Monument St.

Remarks \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug 27<sup>th</sup> 1880
4. Place of Birth (Street and Number) 58. South Dallas st
5. Full Name of Mother Martina Stevens
6. Mother's Maiden Name Martina Carr
7. Mother's Birthplace Baltimore
8. Full Name of Father Alfred Stevens
9. Father's Occupation Alms
10. Father's Birthplace Lewis & Center Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lewis & Center
- Address
- Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.)

Whether Male or Female)

\* (if not of the white race)

th (Street and Number)

of Mother

iden Name

hplace

f Father

upation

hplace

ical Attendant, or other Person who makes this Return.

41619  
male  
Colored  
born on 24  
welcom ally 103  
etn n Jarvis  
etn n Hall  
Baltimore City  
Charles Carter  
Laborer  
Baltimore  
Lucy Sidny  
for the purpose of



name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup> Child

1. Sex (state whether male or female)

female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth

8 M<sup>o</sup> 27<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

2572 Maryland Avenue

5. Full Name of Mother

Mary T. Foster

6. Mother's Maiden Name

Mary Fisher

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Douglas Foster

9. Father's Occupation

Clerk

Father's Birthplace

New Jersey

Name of Medical Attendant, or other Person who makes this Return.

W. Riley M.D.

Address

306 Madison Avenue Baltimore

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

27<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

182 South Sharp St

5. Full Name of Mother

Lydia Krag

6. Mother's Maiden Name

" Krag

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geo. Krag

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Krag

Address

328 South Calver St

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.).

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White &  
August 27 - 1880  
No. 3 Schroeder St.  
Catharine Eblin  
Catharine Fisher  
Gunnell's Balto. Co.  
Theodore Eblin  
Shoemaker  
Germany  
J. Samuel Harris  
1522 W. Fayette St

# RETURN OF A BIRTH

111625

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

27th August

4. Place of Birth, (Street and Number)

209 N. Hollins St.

5. Full Name of Mother,

Rebecca Michil

6. Mother's Maiden Name,

Rebecca Miquier

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harold A. Clark

9. Father's Occupation,

Business

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

John H. Laidley

Address,

1075 S. Mount St.

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1116217

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> son*

1. Sex (state whether male or female) *son male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Aug 27*

4. Place of Birth, (Street and Number) *498 Port Ave*

5. Full Name of Mother *Lena Silver*

6. Mother's Maiden Name *Lena Lounan*

7. Mother's Birthplace *Amherst County*

8. Full Name of Father *Frank Silver*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs Elizabeth Donaldson*

Address

*452 Port Ave*

Remarks

*Well*

In addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

11625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) Second (2d)

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 27, 1880

4. Place of Birth, (Street and Number) No. 89 Hampstead Street

5. Full Name of Mother Mrs. Alice Salter

6. Mother's Maiden Name Mrs. Alice Coory

7. Mother's Birthplace New Jersey

8. Full Name of Father Mr. William H. Salter

9. Father's Occupation Mariner

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. H. C. Clendinning M. D.

Address No. 102 North Broadway

Remarks

11626

the Office

## BALTIMORE CITY.

7th Dec

Female

White

Aug 27 - 1880

No 107. Leadenhall st-

Mary Hooked

J. Bingold

Гермафуд

Frank Harkleder

Tailor

Germany

A. Schwaesser midwife

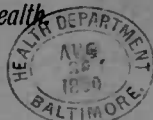
1330 Kanoy, of

This child died in cause of thickness age 3 hours.  
Eight-month child. Died Aug 27 - 1880.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- 41627
- 5th
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug 27th/90
4. Place of Birth (Street and Number) 21 Arch St
5. Full Name of Mother Mariah L. Freeland Spencer
6. Mother's Maiden Name Freeland
7. Mother's Birthplace W. Va, Geo. Md.
8. Full Name of Father Joseph Spencer
9. Father's Occupation Laborer
10. Father's Birthplace Baltn. City
- Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.
- Address 361 Franklin St
- Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of child: *William Beale Duncan*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*1st*

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*August 27<sup>th</sup>*

4. Place of Birth (Street and Number)

*Baltimore Hanover*

*21 No 140*

5. Full Name of Mother

*Amelia Duncan*

6. Mother's Maiden Name

*" Livedale*

7. Mother's Birthplace

*England*

8. Full Name of Father

*Wm Duncan*

9. Father's Occupation

*Letter Carrier*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Dr Elizabeth Scarborough*

Address

*No 220 Montgomery St Baltimore*

Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

41629

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 27st
4. Place of Birth (Street and Number) University Hospital
5. Full Name of Mother Mary E. Scott
6. Mother's Maiden Name Mary E. Linden
7. Mother's Birthplace Chamberland
8. Full Name of Father John E. Scott
9. Father's Occupation Seaman
10. Father's Birthplace Brooklyn
- Name of Medical Attendant, or other Person who makes this Return. F. J. Flannery M.D.
- Address University Hospital
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

111630

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks, ..

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth 27<sup>th</sup> Sept ~~27<sup>th</sup> Sept~~ ~~27<sup>th</sup> Sept~~ ~~27<sup>th</sup> Sept~~ 1890
4. Place of Birth (Street and Number) 87 North Cheltenham St
5. Full Name of Mother Kate Elizabeth Ruark
6. Mother's Maiden Name Kate Elizabeth Brown
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Ruark
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. A. W. Littell
- Address 425 N. Fayette St
- Remarks \_\_\_\_\_



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2-

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 28 - 1890

4. Place of Birth (Street and Number)

160 Madison St.

5. Full Name of Mother

Mary H. Poise

6. Mother's Maiden Name

Rhodes

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John W. Poise

9. Father's Occupation

Clerk

10. Father's Birthplace

W. Va.

Name of Medical Attendant, or other Person who makes this Return.

W. E. Morley M. J.

Address

248 N. Euston St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 28, 1880

4. Place of Birth (Street and Number)

Silver Hill near Faltah...

5. Full Name of Mother

Carrie E. Andrews

6. Mother's Maiden Name

Hahn

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Andrews

9. Father's Occupation

Beef Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Hood

Address

2 N. Carey st.

Remarks

Large, fine baby

# RETURN OF A BIRTH

416311

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 28th 1880

4. Place of Birth, (Street and Number)

86 Bond St

5. Full Name of Mother,

Bartha Bryan Harbor

6. Mother's Maiden Name,

Bartha Bryan

7. Mother's Birthplace,

St. Michaels East p.c. Md

8. Full Name of Father,

Samuel H. Harbor

9. Father's Occupation,

Ship Joiner

10. Father's Birthplace,

St. Michaels East p.c. Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address,

No 12 Patterson Park Av

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 28 1889
4. Place of Birth (Street and Number) 4 Boundary Ave.
5. Full Name of Mother Ledie Harrison Ellis
6. Mother's Maiden Name Ledie Harrison
7. Mother's Birthplace Mayland
8. Full Name of Father Sam'l H. Ellis
9. Father's Occupation Car Conductor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Polk M.D.
- Address 208 W. Boundary Ave.
- Remarks \_\_\_\_\_



1. Sex (state whether male or female) Female

3. Date of Birth August 28 d. 1880

5. Full Name of Mother Genevieve Brand

7. Mother's Birthplace Baltimore

9. Father's Occupation Basketmaker

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudger

Remarks \_\_\_\_\_

name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether male or female) Male female

2. Race or Color (if not of the white race) white

3. Date of Birth

August 28<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Hamburg St No 85

5. Full Name of Mother

Sophia Myers

6. Mother's Maiden Name

Sophia Henry

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Fredrick Henry

9. Father's Occupation

Box maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary E. Anderson

Address

No 10 Elys St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 28th 1880

4. Place of Birth (Street and Number) Hamburg No 83

5. Full Name of Mother Caroline McCully

6. Mother's Maiden Name Caroline Richard

7. Mother's Birthplace Baltimore

8. Full Name of Father William McCully

9. Father's Occupation Washer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Larson

Address No 10 Elys St

Remarks

# RETURN OF A BIRTH.

11639

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Lick

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

N

3. Date of Birth

August 28<sup>th</sup> 1880

4. Place of Birth (Street and Number)

17 Baker St

5. Full Name of Mother

Jeannette Frank

6. Mother's Maiden Name

Plumber

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

Joseph H Frank

9. Father's Occupation

Painter

10. Father's Birthplace

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

Chas E Sattler M.D.

Address

649 Penna Ave

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

August 28 '95

4. Place of Birth, (Street and Number)

No 118 Eislau St

5. Full Name of Mother

Mary Louise Einwaechter

6. Mother's Maiden Name

Neven

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Adam Einwaechter

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dumbler  
No 60 N. Schroeder St.

Address

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH, 41641

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 28th 1880.

4. Place of Birth, (Street and Number)

No. 275 Fleet St.

5. Full Name of Mother

Lizzie Wittmann

6. Mother's Maiden Name

Bruds

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geo. Wittmann

9. Father's Occupation

Laborer

10. Father's Birthplace

Worbenburg.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. S. Kull

Address No. 145 S. E. cor. Central av & Monument St.

Remarks All Well

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 28th 1880

4. Place of Birth, (Street and Number) No. 181. N. Caroline St.

5. Full Name of Mother Mary Painter

6. Mother's Maiden Name Mary Polzmann

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward Painter

9. Father's Occupation Grinding Polishing

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butts.

Address No 185 S.E. cor. Central av. & Monument St.

Remarks All Well

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

31-1643

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 28<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *2 E. Cor Fayette St & Canton an*
5. Full Name of Mother *Mary L. Crane*
6. Mother's Maiden Name *Mary L. Moffitt*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *John L. Crane*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*E. Goverly M.D.*  
*289 E Fayette St*



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 28 of August

4. Place of Birth, (Street and Number) 237 E. Hennepin St.

5. Full Name of Mother Elizabeth Brine

6. Mother's Maiden Name Elizabeth Brine

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Thomas Brine

9. Father's Occupation Porter

10. Father's Birthplace St. Marys County

Name of Medical Attendant, or other Person who makes this Return. Harriet Brillman

Address 78 E. Belknap St.

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH 146115

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 28<sup>th</sup> 1890

4. Place of Birth, (Street and Number) 3 Monmouth Court

5. Full Name of Mother, Mary Louisa Rice

6. Mother's Maiden Name, Mary Rice

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Landman

9. Father's Occupation, Car Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Mary E. Sinner

Address, 171 S. Washington St

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1416146

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

M.

2. Race or Color (if not of the white race)

W.

3. Date of Birth

Aug. 28<sup>th</sup> 1880

4. Place of Birth (Street and Number)

282 Airquith St.

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Balt. City

8. Full Name of Father

W. H. Elliot

9. Father's Occupation

Carpenter

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

A. M. Remond's M.D.

Address

186 Airquith St.

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

2. Race of Child, (if not of the white race)

3. Date of Birth,

Aug 28, 1880

4. Place of Birth, (Street and Number)

837 E Biddle St

5. Full Name of Mother,

Alexina E. Glanville

6. Mother's Maiden Name,

" " Fairchild

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

James R. Glanville

9. Father's Occupation,

High Master

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

A. M. White, M.D.

Address,

347 A Broadway

Remarks,

It was a premature birth and the child died during the day

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11/648

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug, 28, 1880

4. Place of Birth (Street and Number)

149 S. Stricklen St.

5. Full Name of Mother

Mrs. William Holloway

6. Mother's Maiden Name

Virginia Gordon

7. Mother's Birthplace

Va.

8. Full Name of Father

William Holloway

9. Father's Occupation

Carpenter

10. Father's Birthplace

Va.

Name of Medical Attendant, or other Person who makes this Return.

J. Shelton Hill M.D.

Address

432 W. Fayette St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

416149

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth

28th of August

4. Place of Birth (Street and Number)

25 Park ave.

5. Full Name of Mother

Mary Kelly

6. Mother's Maiden Name

McKearly

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Francis Kelly

9. Father's Occupation

Mechanic

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Charlotte Crosby

Address

369 Cathedral St

Remarks

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41630

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Lucian Larnae east shore*
1. Sex (state whether Male or Female) *Male child*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *August 22 1890*
4. Place of Birth (Street and Number) *No 224 cross street*
5. Full Name of Mother *Lucie Harris*
6. Mother's Maiden Name *Lucie Larnae*
7. Mother's Birthplace *eastern shore oldham county*
8. Full Name of Father *John Harris*
9. Father's Occupation *No where*
10. Father's Birthplace *eastern shore oldham county*
- Name of Medical Attendant, or other Person who makes this Return. *Nancy Loggins, midwife*
- Address *Nancy Loggins*
- Remarks *Born at seven o'clock August 22*
- Nancy Loggins No 224 cross street*

# RETURN OF A BIRTH

111651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 28, 1880.

4. Place of Birth, (Street and Number)

E. Fayette St. No. 286.

5. Full Name of Mother,

Louise Wöhler

6. Mother's Maiden Name,

Louise Hill

7. Mother's Birthplace,

Hochst, Gr. Hessen, Germany

8. Full Name of Father,

Wilhelm Wöhler

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Leinhard Gr. S. Meiningen, Germany

Name of Medical Attendant,

or other Person who makes this Return.

Harry E. Hall

Address,

No. 286 E. Fayette St.

Remarks,



# RETURN OF A BIRTH

41652

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3<sup>rd</sup>

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth, August 28 1880

4. Place of Birth, (Street and Number) 129 Castle Street

5. Full Name of Mother, Elmore Miles Hill

6. Mother's Maiden Name, Elmore Miles

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles W Hill

9. Father's Occupation, Laborer

10. Father's Birthplace, Guilford Conn

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary C Simmons

Address, 111 South Washington St

Remarks, ...

# RETURN OF A BIRTH

111653

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy 5<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 28<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *172 S. Chapel st*
5. Full Name of Mother, *Annie Lutchin Ruppelt*
6. Mother's Maiden Name, *Annie Lutchin*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *C. Ruppelt*
9. Father's Occupation, *Barren Maker*
10. Father's Birthplace, *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary C. Simms*
- Address, *171 S. Washington Street*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Saturday August 28th 1880*
4. Place of Birth (Street and Number) *N. W. Cor. of Forest Place & Chase St.*
5. Full Name of Mother *Caroline Richardson*
6. Mother's Maiden Name *Caroline Mullett*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Joshua Richardson*
9. Father's Occupation *Letter Carrier*
10. Father's Birthplace *Balts. Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *William Brimston M.D.*
- Address *Forest Place & Chase St.*
- Remarks *"Only Presentation."*

# RETURN OF A BIRTH

41655-

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 August 1880

4. Place of Birth, (Street and Number)

Bradford St No 36

5. Full Name of Mother,

Maggie Smith

6. Mother's Maiden Name,

Maggie Hoffman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter J. Smith

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address,

No 12 Patterson Park Dr

Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Negro

3. Date of Birth August 20th, 1880

4. Place of Birth (Street and Number) 204 West 1st St

5. Full Name of Mother Estelle Henry

6. Mother's Maiden Name Estelle Stevens

7. Mother's Birthplace Maryland

8. Full Name of Father Augustine Henry

9. Father's Occupation Laborer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Theodora Cooke M.D.

Address 140 Banner St

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2d Male  
White  
August 28 1880  
16 Hull St  
Mary E Evans  
Mary E Rogers  
England  
Morgan Evans  
Clerk  
England  
H. B. Arkle M.D.  
17 N. Main St

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

111658



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

W

3. Date of Birth

Aug. 28/80

4. Place of Birth (Street and Number)

86 E. Madison St

5. Full Name of Mother

Isabelle Hartman

6. Mother's Maiden Name

Galloway

7. Mother's Birthplace

Balt.

8. Full Name of Father

Harry Hartman

9. Father's Occupation

Fireman

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Edward J. McDevitt

Address

133 1/2 W. 4th St

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth.

Born 28<sup>th</sup> Aug.

4. Place of Birth (Street and Number)

167 William Street

5. Full Name of Mother

Amelia Frank

6. Mother's Maiden Name

Amelia Yeager

7. Mother's Birthplace

York Pa

8. Full Name of Father

Henry Frank

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

W. Conway

Address

134 Baltimore Ave.

Remarks

condition, whether still born or not, the full name, nativity, an residence of the parent, and the name of the mother of such child or children.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *male*
  2. Race or Color (if not of the white race) *colored*
  3. Date of Birth *aug 2d*
  4. Place of Birth (Street and Number) *137 clarkson st*
  5. Full Name of Mother *jane farral*
  6. Mother's Maiden Name *jane hofman*
  7. Mother's Birthplace *nothcollins*
  8. Full Name of Father *go mill*
  9. Father's Occupation *motheren boss*
  10. Father's Birthplace *lastimehope Md*
- Name of Medical Attendant, or other Person who makes this Return. *eusan butler*
- Address
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth (10th)  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 29<sup>th</sup> 1880

4. Place of Birth (Street and Number)

72 E. Eager St.  
Hoppia Ann Moller

5. Full Name of Mother

Bowman

6. Mother's Maiden Name

York Co Pa

7. Mother's Birthplace

H. W. Moller

8. Full Name of Father

Carpenter

9. Father's Occupation

York Co Pa

10. Father's Birthplace

Regina Ann Winter

Name of Medical Attendant, or other Person who makes this Return.

178 Hartford Ave

Address

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. na*  
1. Sex (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth *Aug 29th 1880*  
4. Place of Birth, (Street and Number) *242 S. Emlain*  
5. Full Name of Mother *Mary E. Johnson*  
6. Mother's Maiden Name *" " Giff*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *H. J. Johnson*  
9. Father's Occupation *Stone Cutter*  
10. Father's Birthplace *Tanien, Va*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. George A. Richmond*  
Address *185 2d St.*  
Remarks

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

3rd child

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 29th 1880

4. Place of Birth, (Street and Number)

St. 254, Cross St.

5. Full Name of Mother

Mary Schenk

6. Mother's Maiden Name

Heiser

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Schenk

9. Father's Occupation

Industrial

10. Father's Birthplace

Blacksmith

Name of Medical Attendant, or other Person who makes this Return.

J. Schrepper midwife

Address

330 Hanover St.

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth, August 29<sup>th</sup> 1880  
 4. Place of Birth, (Street and Number) 303 S. Sharp St  
 5. Full Name of Mother, Amalia E. Muhl  
 6. Mother's Maiden Name, Luther  
 7. Mother's Birthplace, Baltimore  
 8. Full Name of Father, Henry Muhl  
 9. Father's Occupation, Stevedore  
 10. Father's Birthplace, Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Katherine Muhl  
 Address, 42 Landonville St  
 Remarks, \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 29<sup>th</sup> August
4. Place of Birth (Street and Number) 203 Maryland Ave.
5. Full Name of Mother Rosa Seddon, Rutheford
6. Mother's Maiden Name Rosa Seddon
7. Mother's Birthplace Goosland Co. Va.
8. Full Name of Father A. Hawksley Rutheford Jr.
9. Father's Occupation Dealer in Leaf Tobacco & Stems
10. Father's Birthplace Richmond, Va.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. J. Steward
- Address 111 Madison St.
- Remarks Natural labor, no complications.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 29/80

4. Place of Birth (Street and Number)

409 W Fayette

5. Full Name of Mother

Rose E. Winter

6. Mother's Maiden Name

Fountain

7. Mother's Birthplace

Md.

8. Full Name of Father

Phillip Winter Jr

9. Father's Occupation

Book-keeper

10. Father's Birthplace

Md.

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address

581 Lexington

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

Aug. 27th 1880

Bethel Court

Mary E. McSherry

Mary E. McSherry

Baltimore

Joseph E. Sherry

Printer

Bethel

G. L. Williams M.D.

77 S. Broadway

100. Whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*Aug. 29th 1880*

4. Place of Birth (Street and Number)

*292 Franklin Street*

5. Full Name of Mother

*Amanda Hoff*

6. Mother's Maiden Name

*Amanda Evans*

7. Mother's Birthplace

*Frederickburg, Canada Co. Md.*

8. Full Name of Father

*Geo. Lewis Hoff*

9. Father's Occupation

*Engineer*

10. Father's Birthplace

*Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

*A. J. Bell M.D.*

Address

*234 Madison Ave.*

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Aug. 29, 1880

4. Place of Birth (Street and Number)

748 E. Chew St.

5. Full Name of Mother

Mrs. Agnes Bruns

6. Mother's Maiden Name

Agnes Kennedy

7. Mother's Birthplace

Virginia

8. Full Name of Father

Lawrence Bruns

9. Father's Occupation

Foreman of Shoe Factory

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

J. Shelton Hill

Address

432 W. Fayette St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female). *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *27th August*
4. Place of Birth (Street and Number) *370 Cathedral St*
5. Full Name of Mother *Mary Jane Kelly*
6. Mother's Maiden Name *Dusban*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Luke Kelly*
9. Father's Occupation *Watchman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Crosby*
- Address *370 Cathedral St*
- Remarks

# RETURN OF A BIRTH, 1111/1

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 29th

4. Place of Birth, (Street and Number) No 8 Point Laim.

5. Full Name of Mother Lizzie Raw

6. Mother's Maiden Name Stedler

7. Mother's Birthplace Germany

8. Full Name of Father John Raw

9. Father's Occupation Boiler maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simonson

Address No 70 Granby St.

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

11172

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female).

*Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*29 August*

4. Place of Birth, (Street and Number)

*3 Altamare*

5. Full Name of Mother,

*Bethenboners*

6. Mother's Maiden Name,

*Bern*

7. Mother's Birthplace,

*Ireland*

8. Full Name of Father,

*Michel Boners*

9. Father's Occupation,

*Worshipman*

10. Father's Birthplace,

*Ireland*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs. Sara Casper*

Address,

*52 Cambridge*

Remarks,

# RETURN OF A BIRTH

41173

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>1</sup>

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 August

4. Place of Birth, (Street and Number)

38 P Register

5. Full Name of Mother,

Luzana Fischer

6. Mother's Maiden Name,

Robt

7. Mother's Birthplace,

Salt M d

8. Full Name of Father, ..

Fred Fischer

9. Father's Occupation,

Bus Driver

10. Father's Birthplace, ..

Salt M d

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lard Casper

Address,

526 Lombard

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Italian*

3. Date of Birth *Aug 29<sup>th</sup>*

4. Place of Birth (Street and Number) *256 W Pratt St*

5. Full Name of Mother *Mary Kusasa*

6. Mother's Maiden Name *Dupacany*

7. Mother's Birthplace *Italy*

8. Full Name of Father *Charles Kusasa*

9. Father's Occupation *Sign Stand Repairer*

10. Father's Birthplace *Italy*

Name of Medical Attendant, or other Person who makes this Return. *Geo. G. Jay M.D.*

Address

Remarks *Park Ave & Waltham St*

# RETURN OF A BIRTH

41675

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August the 29, 1886,

4. Place of Birth, (Street and Number) Prison St. N<sup>o</sup> 45.

5. Full Name of Mother, Julie M. Heckins

6. Mother's Maiden Name, Julie M. Spangler

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William H. Heckins

9. Father's Occupation, Wagoner

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, 1 E. Dallas St. N<sup>o</sup> 28,

Remarks,



name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

August 29<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

286 E Lombard st

5. Full Name of Mother

Dorothea Wendle Kink

6. Mother's Maiden Name

" Shaevel

7. Mother's Birthplace

Germany

8. Full Name of Father

Fredrick Wendle Kink

9. Father's Occupation

Leigar Maker

Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bey

Address

120 Bank st

Remarks

# RETURN OF A BIRTH, 41677

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 29 1880

4. Place of Birth, (Street and Number)

88 E. Emerson St

5. Full Name of Mother

Mary Elizabeth Harrison

6. Mother's Maiden Name

Mary Elizabeth Harrison

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Albert W. Harrison

9. Father's Occupation

Lithographer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this return.

Amanda Marine

Address

378 East Monument

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug 27 1880*

4. Place of Birth (Street and Number) *No 12 Warren St*

5. Full Name of Mother *Josephine Sherwood*

6. Mother's Maiden Name

7. Mother's Birthplace *Germany*

8. Full Name of Father *~~Richard~~ Richard Sherwood*

9. Father's Occupation *Liquor Maker*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Deborah Thomas*

Address *11 Burgundy Alley*

Remarks

# RETURN OF A BIRTH, 11679

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5  
Female

White

August 29

27 Cochrane St. Balto

Mary Greene

W. Allen

Baltimore

John Greene

Laborer

Baltimore

Mrs. Ann Nash

name of the mother of such child or children.

name of the mother of such child or children.

# RETURN OF A BIRTH, 11680

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

August 29<sup>th</sup>

4. Place of Birth, (Street and Number)

5. Full Name of Mother

156 E. Pratt st.

6. Mother's Maiden Name

Lucie E. Norris

7. Mother's Birthplace

Lucie E. Kimbry / New York.

8. Full Name of Father

Sidney W. Norris

9. Father's Occupation

Clerk

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address 286 St. George St

Remarks

name of the mother of such child or children.



# RETURN OF A BIRTH, 41681

To the Office of Registrar of Vital Statistics, Board of Health:  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 29<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 289 N. Eden St.
5. Full Name of Mother Mrs Georgia Wilson
6. Mother's Maiden Name Raymond
7. Mother's Birthplace Middle town Penna
8. Full Name of Father Jas. A. Wilson
9. Father's Occupation Cash accountant N. O. R. R.
10. Father's Birthplace Harrisburg
- Name of Medical Attendant, or other Person who makes this return. Jno. Brooke Boyle
- Address W. & Sayer St
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141689

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

29 Aug 1880

4. Place of Birth (Street and Number)

95- Eutaw Street

5. Full Name of Mother

Margaret Keen

6. Mother's Maiden Name

Margaret Patterson

7. Mother's Birthplace

Ireland

8. Full Name of Father

James Keen

9. Father's Occupation

Mechanic

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

C. B. Gault

Address

108 Cathedral Street

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111683

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male (female)
2. Race or Color (if not of the white race) White
3. Date of Birth August 29 1880
4. Place of Birth (Street and Number) Baltimore, No 269 McHenry St
5. Full Name of Mother Caroline V. Jefferson
6. Mother's Maiden Name Caroline V. Pitts
7. Mother's Birthplace Alexander, D. A.
8. Full Name of Father William H. Jefferson
9. Father's Occupation Cabinet maker
10. Father's Birthplace Alexander, D. A.
- Name of Medical Attendant, or other Person who makes this Return. Dr. D. S. Subinger
- Address 722 Pratt St
- Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1116811

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 29th
4. Place of Birth (Street and Number) Baltimore Montgomery St 218
5. Full Name of Mother Maggie Russell
6. Mother's Maiden Name " Fetch
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Russell
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Kensington
- Address 220 Montgomery St Balt.
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth August 29 1880
4. Place of Birth (Street and Number) Baltimore Bricklayer st. No 60
5. Full Name of Mother Clara De streets
6. Mother's Maiden Name Clara De streets
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm E streets
9. Father's Occupation Bricklayer
10. Father's Birthplace Thorford E. C
- Name of Medical Attendant, or other Person who makes this Return. Mrs S Dubergor
- Address 79 E Pratt st
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 30, 1880*
4. Place of Birth (Street and Number) *180 Gough St.*
5. Full Name of Mother *Annie M. Rogers*
6. Mother's Maiden Name *Annie M. Hathaway*
7. Mother's Birthplace *Balti City*
8. Full Name of Father *Nelson J. Rogers*
9. Father's Occupation *Composer*
10. Father's Birthplace *Balti City*
- Name of Medical Attendant, or other Person who makes this Return. *J. W. Chambers, M.D.*
- Address *No. 222. N Broadway*
- Remarks *Balti Md*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....
- Name of Medical Attendant, or other Person who makes this Return,.....
- Address,.....
- Remarks,.....

# RETURN OF A BIRTH

141658

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 30<sup>th</sup> day of August

1. Sex, (state whether male or female) ..... male.

2. Race or Color, (if not of the white race) ..... White.

3. Date of Birth, ..... 30<sup>th</sup>

4. Place of Birth, (Street and Number) ..... 274 Lee street.

5. Full Name of Mother, ..... Elisabeth Heun.

6. Mother's Maiden Name, ..... Monkenwitz.

7. Mother's Birthplace, ..... Germany.

8. Full Name of Father, ..... John Heun.

9. Father's Occupation, ..... Saloon keeper.

Father's Birthplace, ..... Germany.

Name of Medical Attendant, or other Person who make this Return. .... Mrs. Miench.

Address, .... 142 S. Broadway.

Remarks,

name of the mother of next child or children.

# RETURN OF A BIRTH,

11159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug. 31st 1886

4. Place of Birth, (Street and Number)

Baltimore Green St. No. 227

5. Full Name of Mother

Helena Newkirk

6. Mother's Maiden Name

Green

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Newkirk

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other person who makes this Return.

Wm. C. Mitchell

Address

No. 146 Ramsey St.

Remarks

# RETURN OF A BIRTH, 41690

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Given Name - *George Jacob*

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2cd.*

1. Sex (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth

*August 30th 1880*

4. Place of Birth, (Street and Number)

*No. 206 N. Front St.*

5. Full Name of Mother

*Elizabeth Bohn*

6. Mother's Maiden Name

*Boenzle*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Jacob Bohn*

9. Father's Occupation

*Booster*

10. Father's Birthplace

*Barania*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs M. A. Butt*

Address

*No. 185 S. E. cor Central av & Monument St.*

Remarks

*Well*

**GIVEN NAME ADDED**

*1-12-54*

*L.M.*

name of the mother of such child or children.

born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41691

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex, (state whether male or female).... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th of August 1880.*
4. Place of Birth, (Street and Number) *Crawford St.*
5. Full Name of Mother, *Kate Linnane*
6. Mother's Maiden Name, *Kate Kelly.*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Kelly.*
9. Father's Occupation, *Farmer.*
10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return.

*Christiana Linnane*

Address,

*11 North Chapel Street per Justice Linnane*

Remarks,

*Healthy.*



# RETURN OF A BIRTH.

41692

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *30 Aug 1880*
4. Place of Birth (Street and Number) *Born in Maryland*
5. Full Name of Mother *My Fanny Leigh Bonnal*
6. Mother's Maiden Name *Fanny Leigh*
7. Mother's Birthplace *Norfolk - Va*
8. Full Name of Father *Stephen Bonnal*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Norfolk*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Donaldson*
- Address *108 Park Ave*
- Remarks

Parents  
Resident  
of City  
-1

born, to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

11169.3

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 30<sup>th</sup> 1880*

4. Place of Birth, (Street and Number) *147 Bank St Baltimore City*

5. Full Name of Mother, *Rosa Inglebright Meyer*

6. Mother's Maiden Name, *Rosa Inglebright*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Henry Meyer*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *Mrs Mary E. Simms*  
or other Person who makes this Return.

Address, *171 South Washington St*

Remarks,

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

416911

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 1

1. Sex (state whether Ma'e or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 30<sup>th</sup> August

4. Place of Birth (Street and Number) 127 N Howard St

5. Full Name of Mother Mrs Kate Fuller

6. Mother's Maiden Name Hub Johnson

7. Mother's Birthplace Maryland

8. Full Name of Father W D Fuller

9. Father's Occupation Carroll Engineer

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. J. E. Lloyd

Address W. J. Entwistle

Remarks Baltimore, Md

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

141693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 11. date

1. Sex (state whether Male or Female)

Female child

2. Race or Color (if not of the white race)

Color child

3. Date of Birth

3 of August 1880

4. Place of Birth (Street and Number)

202 west street

5. Full Name of Mother

Lincy Lashor

6. Mother's Maiden Name

Lincy diggs

7. Mother's Birthplace

Lawson hall

8. Full Name of Father

Henry A diggs

9. Father's Occupation

gum factory in

10. Father's Birthplace

Sailor

Name of Medical Attendant, or other Person who makes this Return.

William Gross

Address

181 York street

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111696

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Aug 30th '80

4. Place of Birth (Street and Number) 1124 Solphini St.

5. Full Name of Mother Kate R. Healey

6. Mother's Maiden Name Kate R. Solphini

7. Mother's Birthplace Md

8. Full Name of Father John P. Healey

9. Father's Occupation Carpenter

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. J. M. Miller M.D.

Address 87 W. Pratt St.

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *aug 30 1880*

4. Place of Birth, (Street and Number) *Balt Morris Alley No 18*

5. Full Name of Mother, *Sallie A Wright*

6. Mother's Maiden Name, *Purfy*

7. Mother's Birthplace, *St Mary County*

8. Full Name of Father, *Henry Wright*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Eastern Shore md*

Name of Medical Attendant, or other Person who makes this Return, *Mary A Dorsey*

Address, *83 Oxford St*

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Aug. 30th

4. Place of Birth (Street and Number)

21 Sarah Ann St

5. Full Name of Mother

Lizzie Lewis

6. Mother's Maiden Name

Lizzie Robinson

7. Mother's Birthplace

Bulbo, D.C.

8. Full Name of Father

Abram Batts

9. Father's Occupation

Stradone

10. Father's Birthplace

Ind.

Name of Medical Attendant, or other Person who makes this Return.

H. F. Hill M.D.

Address

361 Franklin St.

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 30<sup>th</sup>

4. Place of Birth, (Street and Number) Cor. Albemarle & Balto. St.

5. Full Name of Mother Louise Pink

6. Mother's Maiden Name Spreitzer

7. Mother's Birthplace Germany

8. Full Name of Father Levin Pink

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 1070 Grand St.

Remarks

100-1100, whether all born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

41700

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



2. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, ..... *30 August*
4. Place of Birth, (Street and Number)... *107 S. Spring*
5. Full Name of Mother, ..... *Carolina Dielman*
6. Mother's Maiden Name, ..... *Conze*
7. Mother's Birthplace, ..... *Germany*
8. Full Name of Father, ..... *August Dielman*
9. Father's Occupation, ..... *Carpenter*
10. Father's Birthplace, ..... *Germany*
- Name of Medical Attendant, or other Person who make this Return. .... *Mrs. Clara Casper*
- Address, ..... *52 E. Lombard*
- Remarks, .....

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

11701

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 30<sup>th</sup> 1880

4. Place of Birth (Street and Number) (St. & Bulwar St.)

71 Bulwar Street

5. Full Name of Mother

Sophia Marks

6. Mother's Maiden Name

Sophia Cohen

7. Mother's Birthplace

United States

8. Full Name of Father

Wm Marks

9. Father's Occupation

Store Keeper

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

A. Friedewald M.D.

Address

88 W Bulwar Street

Remarks

consent, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Mon Aug 30<sup>th</sup>

1880.

4. Place of Birth, (Street and Number)

21 99<sup>th</sup> Pratt St.

5. Full Name of Mother

Mary Sarnocky

6. Mother's Maiden Name

Mary Kules

7. Mother's Birthplace

Germany

8. Full Name of Father

Mike Sarnocky

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Catherine Doll.

Address

21 99<sup>th</sup> Pratt St.

Remarks

# RETURN OF A BIRTH

41703

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 30/80

4. Place of Birth, (Street and Number)

E. Oliver St & Annie Banc Lane

5. Full Name of Mother,

Georgianna Taylor

6. Mother's Maiden Name,

Georgianna Howell

7. Mother's Birthplace,

Frederick City, Md.

8. Full Name of Father,

James William Taylor

9. Father's Occupation,

Godsayer

Father's Birthplace,

Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return.

J. Russell Martineau, M.D.

Address,

Belcher Avenue, near Washington St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

117011

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 30<sup>th</sup> 1880

4. Place of Birth, (Street and Number) Highland Town

5. Full Name of Mother, M. M. Michel

6. Mother's Maiden Name, Mary M. Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Michel

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary C. Simms

Address, 111 South Washington Street

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41705

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 30<sup>th</sup> 1880.*
4. Place of Birth (Street and Number) *Maternity, 161 St. Lombard St.*
5. Full Name of Mother *Sora Lee.*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Carroll Co. Md.*
8. Full Name of Father *Unknown.*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free M.D.*
- Address *Maternity Hospital.*
- Remarks *161 St. Lombard St.*

# RETURN OF A BIRTH, 11716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 30, 1886

4. Place of Birth, (Street and Number)

124 Cooper St Baltimore

5. Full Name of Mother

Mary Hughes

6. Mother's Maiden Name

Mrs. Hughes

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Hughes

9. Father's Occupation

Labors

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ann Smith

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Eight.

Male.

White.

31<sup>st</sup> of August 1880

N. 34 Albemarle St.

Catherine Caranagh.

Catherine Tubert.

Maryland

Patrick Caranagh.

Shipcarpenter.

Ireland

Mrs. Eliza Humming.

N. 35 Albemarle Street.

(City)



141705

of Health.

HEALTH DEPARTMENT  
SEP 6 1890  
BALTIMORE

dec.) 6

male

1998年12月

Aug 31

No 86 Heilbr. St

Ann Maria Hinton

Ann Maria Lloyd

England

England  
Thomas Hinton

Store keeper

More Koe  
Concland!

England  
Laurin Ritz Gschwandtner

makes this Return. *Leah Ann White*  
No 26. *De Sonenblyff*

A. J. Olin

name of the mother of such child or children.

# RETURN OF A BIRTH.

41709

Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.) *Second*

Whether male or female) *Female*

Color (if not of the white race) *White*

Birth *August 3/85*

Birth (Street and Number) *5157 Light St. Baltimore*

of Mother *Catherine B. Badell*

maiden Name *Catherine Cecelia Harrington*

Birthplace *Baltimore*

of Father *William Edward Badell*

Occupation *Fireman*

Birthplace *Baltimore*

Medical attendant, or other Person who makes this Return. *Mrs. Ruth Ann Galloway*

*No. 623 N. Pratt St.*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.)

or Male or Female)

or (if not of the white race)

th (Street and Number)

Mother

in Name

place

Father

ocation

place

ical Attendant, or other Person who makes this Return.

No

Eighth

Female

White

August 31<sup>st</sup> 1880

Clinton Baltimore County Md

Emma J. Dorsey

Emma J. Hall

Baltimore County Md

James P. Dorsey

Justice of the Peace Baltimore

Baltimore City

Elizabeth Knight

Clinton Street Baltimore County Md

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

5<sup>th</sup> Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 31<sup>st</sup> 1880

4. Place of Birth, (Street and Number)

1845 Guttman's alley

5. Full Name of Mother

Charlotte Kurt

6. Mother's Maiden Name

Kiepling

7. Mother's Birthplace

Germany

8. Full Name of Father

Casper Kurt

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schpasser midwife

Address

330 Hanover st.

Remarks



name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *August 21 1880*

4. Place of Birth (Street and Number) *274* *Burke St*

5. Full Name of Mother *Lara Waters*

6. Mother's Maiden Name *Lara Chase*

7. Mother's Birthplace *Baltimore city*

8. Full Name of Father *Laron Waters*

9. Father's Occupation *captain of boat*

10. Father's Birthplace *Md. co*

Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*

Address *65 Burke St*

Remarks

# RETURN OF A BIRTH <sup>41713</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *Jewish*  
 3. Date of Birth, *31 August 1880*  
 4. Place of Birth, (Street and Number) *151 Conght Street*  
 5. Full Name of Mother, *Caroline Hamburger*  
 6. Mother's Maiden Name, *Ross*  
 7. Mother's Birthplace, *Baltimore Md*  
 8. Full Name of Father, *Samuel Hamburger*  
 9. Father's Occupation, *Beer Salloon*  
 10. Father's Birthplace, *Prussia*  
 Name of Medical Attendant, or other Person who makes this Return.  
 Address, *Mrs. Rose Ullig*  
 Remarks, *48 Holland Street*

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12 child

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

august 31 st

4. Place of Birth (Street and Number)

305 west st

5. Full Name of Mother

elizabeth jackson

6. Mother's Maiden Name

elizabeth ross

7. Mother's Birthplace

eastern shore md

8. Full Name of Father

george jackson

9. Father's Occupation

laborer

10. Father's Birthplace

eastern shore md

Name of Medical Attendant, or other Person who makes this Return.

mrs Lydia Porter

Address

no 4 pattsco avenue

Remarks

healthy child

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

4-17-15

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 31 August*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 17. Carlein St.*
5. Full Name of Mother, *Emili Hirschmann*
6. Mother's Maiden Name, *Emili Hafer Horn*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Robert Hirschmann*
9. Father's Occupation, *Schreiner*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return, *Friedrich Kaufmann*
- Address, *N<sup>o</sup> 194. S. Dallas St.*
- Remarks, *Heim*



born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

41716

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 31 1880*
4. Place of Birth (Street and Number) *212 W Fayette St*
5. Full Name of Mother *Clara Heyman*
6. Mother's Maiden Name *Clara Schwaab*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Jonas Heyman*
9. Father's Occupation *Grocer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Abraham Br. Arnold M.D.*
- Address
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 3, 1880*

4. Place of Birth (Street and Number) *City of Baltimore*

5. Full Name of Mother *M. Alice Manning*

6. Mother's Maiden Name *M. Alice Furlong*

7. Mother's Birthplace *Baltimore, Md*

8. Full Name of Father *Charles H. Manning*

9. Father's Occupation *Printer*

10. Father's Birthplace *Baltimore, Md*

Name of Medical Attendant, or other Person who makes this Return. *Theodore Coke, MD*

Address *140 Hanover St*

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH, 211718

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. 21st 1880
4. Place of Birth, (Street and Number) Baltimore, Md. 11th & 63d
5. Full Name of Mother Johnannah Deagan
6. Mother's Maiden Name McHenry
7. Mother's Birthplace Baltimore
8. Full Name of Father Patrick McHenry
9. Father's Occupation Sealer
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. Mrs. V. McNeill
- Address 140 Remondy st.
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH, 41719

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 31st

4. Place of Birth, (Street and Number) No 3 S. Gough

5. Full Name of Mother Anna Beckwith Coleman

6. Mother's Maiden Name Coleman

7. Mother's Birthplace Baltimore

8. Full Name of Father Theodor Beckwith Coleman

9. Father's Occupation Labor work.

Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Sophia S. S. S.

Address No 70 Granby St

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH <sup>41720</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31 August 1880

4. Place of Birth, (Street and Number).

131 Batten Street

5. Full Name of Mother,

Maggie Burchhart

6. Mother's Maiden Name,

Maggie Murphy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Paul Burchhart

9. Father's Occupation,

Shoe Polisher

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Mrs Rose Velling  
28 Holland Street

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child  
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 31, 1880

4. Place of Birth, (Street and Number)

do 96 Lemon Cor. of Pac

5. Full Name of Mother,

Maggie Kitzel

6. Mother's Maiden Name,

" Schreder

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Kitzel

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Annie Lindner

Address,

245 S. W. Ave. St

Remarks,

# NOTICE

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Males 3

2. Race or Color (if not of the white race) White

3. Date of Birth August 31 1880

4. Place of Birth (Street and Number) Bricker st No 81

5. Full Name of Mother Lillian A Lee

6. Mother's Maiden Name Lillian A Blatchburn

7. Mother's Birthplace Chesnut Bridge

8. Full Name of Father James P Lee

9. Father's Occupation Conductor

10. Father's Birthplace Chesnut Bridge

Name of Medical Attendant, or other Person who makes this Return. Mrs S. Fairbairn

Address 792 Pratt st

Remarks

of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 1<sup>st</sup> 1880

4. Place of Birth, (Street and Number)

542 Penna. Avenue

5. Full Name of Mother

Clara Anna Baker

6. Mother's Maiden Name

Miller

7. Mother's Birthplace

Fredrick City - Md.

8. Full Name of Father

Charles Thomas Baker

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight - M.D.

Address

112 N. Greene St.

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 1<sup>st</sup> 1880

4. Place of Birth, (Street and Number)

542 Penna. Avenue

5. Full Name of Mother

Clara Anna Baker

6. Mother's Maiden Name

Miller

7. Mother's Birthplace

Fredrick City - Md.

8. Full Name of Father

Charles Thomas Baker

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight - M.D.

Address

112 N. Greene St.

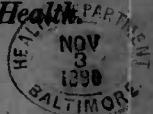
Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1 Sex (state whether male or female)

Female

Race or Color (if not of the white race)

White

Date of Birth

October 1, 1880.

Place of Birth (Street and Number)

420 N Eden St.

Full Name of Mother

Elizabeth R.C. Crummett

Mother's Maiden Name

Elizabeth R.C. Platt

Mother's Birthplace

Maryland

Full Name of Father

Edward Crummett

Father's Occupation

Clerk

Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *1st of October*

4. Place of Birth (Street and Number) *Oak St.*

5. Full Name of Mother *Elizabeth Brown*

6. Mother's Maiden Name *Barnett*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Seywell Brown*

9. Father's Occupation *Shoe cutter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Charles County*

Address *217 Cathedral St.*

Remarks

Birth, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> Child.*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 1<sup>st</sup> 1880.*
4. Place of Birth (Street and Number) *148 N. Wolf St.*
5. Full Name of Mother *Laura V Skillman.*
6. Mother's Maiden Name *Laura V Skillman.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Chas Skillman.*
9. Father's Occupation *Engineer.*
10. Father's Birthplace *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks *Child Premature but apparently healthy.*

*\* Married without changing her name.*

*Just. Powell, M.D.*  
*227 Cornhill Ave.*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female)..... *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of October 1880.*

4. Place of Birth, (Street and Number) *435 Eager street.*

5. Full Name of Mother, *Mary A. Bright.*

6. Mother's Maiden Name, *Mary A. Schmitt*

7. Mother's Birthplace, *Enablers.*

8. Full Name of Father, *George Schmitt*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Ernestina Kunkel*

Address, *21 North Chapel street per Justina Kunkel*

Remarks, *Healthy.*

# RETURN OF BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Oct. 1st 1880  
 4. Place of Birth, (Street and Number) Baltimore Carey St. No. 38  
 5. Full Name of Mother Mary Jones  
 6. Mother's Maiden Name Hagan  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father James Jones  
 9. Father's Occupation Trimmer  
 Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Mitchell  
 Address 214 E. Ramsey St.  
 Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1121119

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

First October.

4. Place of Birth (Street and Number)

Baltimore 235 Chase St.

5. Full Name of Mother

Sarah Jane Stewart.

6. Mother's Maiden Name

M.C. Cann.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

George William Stewart.

9. Father's Occupation

Carpenter.

10. Father's Birthplace

Baltimore

Mrs. W. Wooden

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wooden

Address

330 Asgitt St.

Remarks

Healthy child



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sequent 2*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *October 1st*

4. Place of Birth (Street and Number) *No 228 Vine St Baltimore*

5. Full Name of Mother *Georgina Young Hall*

6. Mother's Maiden Name *Georgina Young*

7. Mother's Birthplace *Charles County Maryland*

8. Full Name of Father *James Hall*

9. Father's Occupation *carpenter*

10. Father's Birthplace *Baltimore city*

Name of Medical Attendant,

or other Person who makes this Return.

*Charles H. Warner*

Address

*No 258 Rahurg St*

Remarks

*None*

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 1st 1880

4. Place of Birth, (Street and Number)

C No 281 Hanover st

5. Full Name of Mother,

Louise Miller

6. Mother's Maiden Name,

Schneider

7. Mother's Birthplace,

America

8. Full Name of Father,

George Miller

9. Father's Occupation,

Cann maker

10. Father's Birthplace.

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lohrasser midwife

Address,

330 Hanover st.

Remarks,

State at birth, name, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 1st 1880
4. Place of Birth (Street and Number) 298 W. Lombard St.
5. Full Name of Mother Florence W. Weber
6. Mother's Maiden Name Jenkins
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry W. Weber
9. Father's Occupation Physician
10. Father's Birthplace Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return. H. W. Weber M.D.
- Address 298 W. Lombard St.
- Remarks

Physical Condition Healthy

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

1 October

4. Place of Birth, (Street and Number)

56 E Fayette

5. Full Name of Mother,

Margaret Trautman

6. Mother's Maiden Name,

Ferens

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Fred Trautman

9. Father's Occupation,

Barber

10. Father's Birthplace,

Balt Md

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Lara Casper

Address,

52 E Lombard

Remarks,

# RETURN OF A BIRTH

1131155

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Female*

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other Person who  
makes this Return.

Address,...

Remarks,...

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

49456

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *October 1st 1880*  
4. Place of Birth (Street and Number) *No 118 Register st*  
5. Full Name of Mother *Malinda Morris*  
6. Mother's Maiden Name *Malinda Jones*  
7. Mother's Birthplace *Maryland*  
8. Full Name of Father *Alfred Morris*  
9. Father's Occupation *Latner*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *Thomas P. Evans, M.D.*  
Address *No 22 Jackson Place*  
Remarks *Del. M. a*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 1st*
4. Place of Birth (Street and Number) *Barre St 150*
5. Full Name of Mother *Martha Bornstein*
6. Mother's Maiden Name *Martha Feldman*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Gustav Bornstein*
9. Father's Occupation *Musician*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Quinns*
- Address
- Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 1st. 1880.

4. Place of Birth, (Street and Number) No 378 Oglethorpe St.

5. Full Name of Mother Mary Henry.

6. Mother's Maiden Name " Schultze

7. Mother's Birthplace Baltimore.

8. Full Name of Father Benjamin Henry

9. Father's Occupation Painter

Father's Birthplace Baltimore

Name of Medical Attendant

or other Person who  
makes this return.

Address No 185 S.E. or Central av & Monument St.

Remarks well

name of the mother of such child or children.



# RETURN OF A BIRTH

42459

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 Octo.

4. Place of Birth, (Street and Number) 25 Barnes St.

5. Full Name of Mother, Adeline Vovak

6. Mother's Maiden Name, " " Imkeu

7. Mother's Birthplace, Hayek Bohemia

8. Full Name of Father, John Vovak

9. Father's Occupation, Schoermackher

10. Father's Birthplace, Haykovic Bohemia

Name of Medical Attendant, or other Person who makes this Return, Josephine Worrad

Address, 20 Barnes St.

Remarks,

of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

112460

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

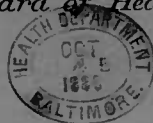


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one mother and one child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *October 2<sup>nd</sup> 1890*
4. Place of Birth, (Street and Number) *61 Wacker St*
5. Full Name of Mother, *Annie Mara King*
6. Mother's Maiden Name, *Annie Mara Anderson*
7. Mother's Birthplace, *Baltimore Md. city*
8. Full Name of Father, *Albert S King*
9. Father's Occupation, *Stenographer*
10. Father's Birthplace, *Lebanon*
- Name of Medical Attendant, or other Person who makes this Return.
- Address, *130 Regester St*
- Remarks, *Lucinda Woodford*

of the parents, and the maiden name of the mother of children born to married women.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *1<sup>st</sup>*
1. Sex, (state whether male or female)... *Boy*
2. Race or Color, (if not of the white race)... *Colored*
3. Date of Birth, *Oct 2 1880*
4. Place of Birth, (Street and Number)... *55 Burgundy Alley*
5. Full Name of Mother, *Lotha Wilson*
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, *Calvert Co Maryland*
8. Full Name of Father, *Basil Wilson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Calvert County Md*
- Name of Medical Attendant, or other Person who makes this Return, *Deborah Thomas*
- Address, *71 Burgundy Alley*
- Remarks, \_\_\_\_\_

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

# RETURN OF A BIRTH.

1124-621

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 2<sup>nd</sup> 1880*  
4. Place of Birth (Street and Number) *32 1/2 E. Pratt St*  
5. Full Name of Mother *Eliza Ann Melhorn*  
6. Mother's Maiden Name *Stoneback*  
7. Mother's Birthplace *Chester Co Pa*  
8. Full Name of Father *George W. Melhorn*  
9. Father's Occupation *Tobacco merchant*  
10. Father's Birthplace *Cockeysville Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. P. R. Yeates*  
Address *137 N. 4th St*  
Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*  
 1. Sex, (state whether male or female) *Male,*  
 2. Race or Color, (if not of the white race) *White,*  
 3. Date of Birth, *October 2<sup>d</sup> 1880,*  
 4. Place of Birth, (Street and Number) *20 Penn St.*  
 5. Full Name of Mother, *Mary E Wheeler.*  
 6. Mother's Maiden Name, *Mary E Pease*  
 7. Mother's Birthplace, *Baltimore City,*  
 8. Full Name of Father, *Edward Wheeler.*  
 9. Father's Occupation, *Salesman.*  
 10. Father's Birthplace, *Baltimore City*  
 Name of Medical Attendant, *John S Pennington, M.D.,*  
or other Person who makes this return.  
 Address, *134 Carrollton Av.,*  
 Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st

Male

White

Oct 2nd 1898

153 Hamburg St

Virginia Purdy

Virginia Purdy

Baltimore Md

George C. Purdy

Coast Conductor

Baltimore Md

Theodore E. Purdy

146 N. Anne St

name of the mother of such child or children.

# RETURN OF A BIRTH.

112416

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Oct 2nd 1880*
4. Place of Birth (Street and Number) *136 Ridge St.*
5. Full Name of Mother *Louisa Ludwig*
6. Mother's Maiden Name *Louisa Ellakamp*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Henry Ludwig*
9. Father's Occupation *Box Maker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Thos C Coker M.D.*
- Address *146 Hanover St*
- Remarks

name of the mother of such child or children.  
name, nativity, and residence of the parents, and the maiden

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White  
Oct 2/80  
40 North St  
Anna Dwyer  
Hafin  
Bacto. Ind  
Wm Dwyer  
Horse Shoer  
Bacto Ind  
St. Vincent  
587 W. Lombard St



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 2nd

4. Place of Birth, (Street and Number) N. 45 Center st

5. Full Name of Mother Mary Scott

6. Mother's Maiden Name Wells

7. Mother's Birthplace Baltimore

8. Full Name of Father John Scott

9. Father's Occupation Butter Merchant

Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sophia Simons

Address 121 Broadway

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

112463

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

October 2<sup>d</sup> 1880

4. Place of Birth, (Street and Number).....

108 Fair Mt Avenue

5. Full Name of Mother,.....

Emma Swartz

6. Mother's Maiden Name,.....

Emma Barnes

7. Mother's Birthplace,.....

Ind

8. Full Name of Father,.....

Michael Swartz

9. Father's Occupation,.....

Butcher

10. Father's Birthplace,.....

Ind

Name of Medical Attendant, or other Person who  
makes this Return.

W. B. Noble M.D.

Address,.....

17 Harmon St

Remarks,.....

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

# RETURN OF A BIRTH.

1124 89

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



Mother (state whether 1st, 2d, 3d, &c.)

~~Male~~ ☒ Female

(if not of the white race)

October 2. 1890

(Street and Number) N. Broadway 64.

Mother Maria Richter

Name Maria Pick

Place Dresden in Germany

Father Adolph Richter

Profession Druggist

Place Cassel in Germany

Attendant, or other Person who makes this Return. C. H. Lick M. D.

N. Broadway 74.

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42470

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Oct 2. 1881

4. Place of Birth (Street and Number)

3110 Babory Street

5. Full Name of Mother

Sarah J. Askins

6. Mother's Maiden Name

Askins

7. Mother's Birthplace

Cambridge, dorchester Co. Md.

8. Full Name of Father

Noah Lindsay

9. Father's Occupation

carpenter

10. Father's Birthplace

Marion Hill

Name of Medical Attendant, or other Person who makes this Return.

Eliza Cornish

Address

3110 Babory St.

Remarks

the child still alive

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *African*

3. Date of Birth *2 Octob 18 80*

4. Place of Birth (Street and Number) *Saratoga st*

5. Full Name of Mother *Elsar Paine*

6. Mother's Maiden Name *Miss White*

7. Mother's Birthplace *Mr Paine*

8. Full Name of Father *Mr Paine*

9. Father's Occupation *Brick Layer*

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Caroline Jones*

Address *Tine st*

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1121721

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

# RETURN OF A BIRTH, 113170

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 2<sup>nd</sup>

4. Place of Birth, (Street and Number)

No 64. V. E. City st

5. Full Name of Mother

Josephina Knell

6. Mother's Maiden Name

Josephina Sounewald

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Benjamin Knell

9. Father's Occupation

Boys Changer

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Duomber

Address

Remarks

name of the mother of such child or children.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *2 October*
4. Place of Birth, (Street and Number) *100 East Lombard*
5. Full Name of Mother, *Kate Tanton*
6. Mother's Maiden Name, *Theile*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *And. Tanton*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Italia*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sara Carpenter*
- Address, *52 E Lombard*
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 2<sup>nd</sup> Oct 1880

4. Place of Birth, (Street and Number) 89 Warner St

5. Full Name of Mother Sarah Hacker

6. Mother's Maiden Name Burne

7. Mother's Birthplace Balt.

8. Full Name of Father John Hacker

9. Father's Occupation Engineer

Father's Birthplace Delaware

Name of Medical Attendant, or other Person who "makes" this Return. H. V. Webster M.D.

Address 57 Baltimore

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex, (state whether male or female)

~~Male~~ Female

2. Race or Color, (if not of the white race)

~~White~~ White

3. Date of Birth,

OCT 2<sup>nd</sup> 80

4. Place of Birth, (Street and Number)

169 Warner St.

5. Full Name of Mother,

Katie Schmidt

6. Mother's Maiden Name,

Winkler

7. Mother's Birthplace,

Kentucky

8. Full Name of Father,

John H. Schmidt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address,

328 S. Euston St.

Remarks,

Birth, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 2nd 1880.

4. Place of Birth (Street and Number)

144 N. Eder St.

5. Full Name of Mother

Caroline Strand

6. Mother's Maiden Name

Frank

7. Mother's Birthplace

Balto

8. Full Name of Father

Isaac Strand.

9. Father's Occupation

Clerk

10. Father's Birthplace

Balto.

Name of Medical Attendant, or other Person who makes this Return.

E. W. Cilau M.D.

Address

Remarks

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2 Oct.*
4. Place of Birth, (Street and Number) *445 E. Gay St.*
5. Full Name of Mother, *Barbara ~~Radford~~ Dapoz*
6. Mother's Maiden Name, *Kaspar*
7. Mother's Birthplace, *Wadyskaw Bohemia*
8. Full Name of Father, *Charles Dapoz*
9. Father's Occupation, *Labourer*
- Father's Birthplace, *Bolto.*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Konrad*
- Address, *20 Barnard St.*
- Remarks,

# RETURN OF A BIRTH

42480

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race).....  
 3. Date of Birth, *October 7*  
 4. Place of Birth, (Street and Number) *2 Second*  
 5. Full Name of Mother, *Ani Burg*  
 6. Mother's Maiden Name, *Dybarbly*  
 7. Mother's Birthplace, *Balt Md*  
 8. Full Name of Father, *Mikhail Burg*  
 9. Father's Occupation, *Warringtonian*  
 10. Father's Birthplace, *Balt Md*  
 Name of Medical Attendant, or other Person who makes this Return, *Mrs Sara Casper*  
 Address, *52 Townsend*  
 Remarks,

11.2.4.5/

HEALTH DEPARTMENT  
NOV 3 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

5th  
Dec

White

...Sussex. A. C. 3rd. 1870.

21. Cincorol. H.

Man. Belli.

Mme. Lasser.

Baile, m.

Edward Gile,

N.C. &amp; Road Employee

3 cards.

U. S. v. Buntan, M.C.

1. 5th Presentation - 25% Grand total

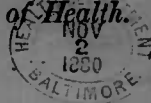
B. PIET, PRINTER & STATIONER, SALT,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *off 3*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *31 October*

4. Place of Birth (Street and Number) *No 381 Bunker st*

5. Full Name of Mother *Ellen J. Barry*

6. Mother's Maiden Name *Ellen J. Barry*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *William G. Barry*

9. Father's Occupation *Stone cutter*

10. Father's Birthplace *Woodstock Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wm. G. Barry*

Address *590 Maryland st*

Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

1121483

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 3d Oct. 1880
4. Place of Birth (Street and Number) 134 Montgomery
5. Full Name of Mother Carrie ~~Wheeler~~ Collier
6. Mother's Maiden Name Wheeler
7. Mother's Birthplace Baltimore
8. Full Name of Father Walter Collier
9. Father's Occupation clerk
10. Father's Birthplace England
- Name of Medical Attendant, or other Person who makes this Return. A. M. Dodge
- Address
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11214811-

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 3rd 1880

4. Place of Birth (Street and Number)

# 243 N Gay St

5. Full Name of Mother

M. E. Cardwell

6. Mother's Maiden Name

Missell

7. Mother's Birthplace

Maryland

8. Full Name of Father

Jackson Cardwell

9. Father's Occupation

Bonnet frame manufacturer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return

Saml J. B. Jrd.

Address

# 134 N Gay St

Remarks

# RETURN OF A BIRTH.

42485

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sunday October 3 1880*
4. Place of Birth (Street and Number) *North street, near Chase*
5. Full Name of Mother *Mary Brill*
6. Mother's Maiden Name *Mary Haarer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Christian Brill*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *A. C. Cleveland M.D.*
- Address *559 Harford Avenue, Balt.*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, <sup>42486</sup>

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 3<sup>rd</sup> 1886.

4. Place of Birth, (Street and Number)

429 N. Calhoun St.

5. Full Name of Mother

Louise Clark

6. Mother's Maiden Name

Cox

7. Mother's Birthplace

Maryland

8. Full Name of Father

Wm. O. Clark

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

J. H. Christian M.D.

Address

431 Penna. Ave.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

421157

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Oct 3 - 1880
4. Place of Birth (Street and Number) 81 St Albans St.
5. Full Name of Mother Caroline Weissbecker
6. Mother's Maiden Name Kulsmann
7. Mother's Birthplace Baltimore
8. Full Name of Father George Weissbecker
9. Father's Occupation Painter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Stein
- Address 151 E. Pratt
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

1121188

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 30, 1890

4. Place of Birth (Street and Number) Greenmount Ave. No. 104 W.

5. Full Name of Mother Summerman

6. Mother's Maiden Name Howard

7. Mother's Birthplace Beth., Pa.

8. Full Name of Father Dr. Greenman

9. Father's Occupation Doctor

10. Father's Birthplace Beth., Pa.

Name of Medical Attendant, or other Person who makes this Return. W. C. Billings

Address 250 Jackson St.

Remarks

# RETURN OF A BIRTH

421459

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*  
 1. Sex, (state whether male or female) *Girl*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *3rd of October 1880*  
 4. Place of Birth, (Street and Number) *376 East Orlean street*  
 5. Full Name of Mother, *Latchens D. Schankin*  
 6. Mother's Maiden Name, *Latchens Hackert*  
 7. Mother's Birthplace, *Enablas*  
 8. Full Name of Father, *William Hackert*  
 9. Father's Occupation, *Breaklayer*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return, *Luiscintia Kunkel*  
 Address, *71 North Chapel street per Justina Kunkel*  
 Remarks, *Healthy*

# RETURN OF A BIRTH,

42490

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 31st October

4. Place of Birth, (Street and Number) 227 Ester Evans

5. Full Name of Mother Julia Weber

6. Mother's Maiden Name Dajmker

7. Mother's Birthplace Baltimore

8. Full Name of Father Phillip Dajmker

9. Father's Occupation

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie Gittney

Address Wolfe Street 245.

Remarks

name of the mother of such child or children.



# RETURN OF A BIRTH

42491

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 3<sup>rd</sup> 1880*

4. Place of Birth, (Street and Number) *Balto Co, Md*

5. Full Name of Mother, *Susan Davis*

6. Mother's Maiden Name, *Gordon*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Green*

9. Father's Occupation, *Butcher*

Father's Birthplace, *Liberty Road near City*

Name of Medical Attendant, *G. W. Mrs. M. D.* or other Person who makes this Return.

Address,

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / /

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 3<sup>rd</sup> 1880

4. Place of Birth, (Street and Number) No 486 Penn Avenue

5. Full Name of Mother, Mary Kidd

6. Mother's Maiden Name, Mary White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lewis Kidd

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, E. Schmitt 1655 Penn Avenue

Address, .....

Remarks, .....

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 3rd 1880  
Rebecca Randolph & Clarkson  
Friedrick Karche  
Ball

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany  
Henry Karche  
Store keeper

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Germany  
J. Lohwasser midwife  
330 Howard st.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

# RETURN OF A BIRTH

4 21911

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3d of October

4. Place of Birth, (Street and Number)

Balto #78 Pearl St

5. Full Name of Mother,

Anna Lauber

6. Mother's Maiden Name,

Kuhlmann

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Frank Lauber

9. Father's Occupation,

Liquor Manufacturer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who

Address,

Mrs Catherine Seebach No 439 W. 6th St

Remarks,

# RETURN OF A BIRTH

42493

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct. 31, 80

4. Place of Birth, (Street and Number)

no 8 carlton st

5. Full Name of Mother,

Clara miles

6. Mother's Maiden Name,

Clara Holliday

7. Mother's Birthplace,

Annapolis Md

8. Full Name of Father,

Richard miles

9. Father's Occupation,

Minister

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Chollat proctor

Address,

no 10 Carlton st

Remarks,

# RETURN OF A BIRTH

1127-76

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 3<sup>rd</sup>, 1880

4. Place of Birth, (Street and Number)

McDonough 395

5. Full Name of Mother,

Eliza J. Price

6. Mother's Maiden Name,

" " Eldridge

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. H. Price

9. Father's Occupation,

Car driver

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

H. W. White, M.D.

Address,

347 N. Broadway

Remarks,

born, its or later physical condition, whether full-term or not, the sex, name, of the parents, and the maiden name of the mother of such child or children.

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *7th*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *30 Oct. 1886*

4. Place of Birth (Street and Number) *Fremont St. S. E. Cor. Caratoga*

5. Full Name of Mother *Katherine Stendorf*

6. Mother's Maiden Name *Matharina Lerch*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Stendorf*

9. Father's Occupation *Carpenter & Sash & Door Keeper*

10. Father's Birthplace *Fearrighausen (Germany)*

Name of Medical Attendant, or other Person who makes this Return. *D. A. Helmsman M.D.*

Address *120 Pearl St. Baltimore.*

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

Colored

October 3<sup>rd</sup> 1880  
174 Perry Street

addie Campbell

addie Simpson

Calvin County  
John Wesley Simpson

laborer  
Baltimore

L. B. foot midwife 13th Ave 58



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 3rd 1880

4. Place of Birth, (Street and Number)

235 E. 1st St.

5. Full Name of Mother

Barbara - 26 yr

6. Mother's Maiden Name

W.H.

7. Mother's Birthplace

Germany

8. Full Name of Father

Charles Walter

9. Father's Occupation

Sailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. H. H.

Address

120 E. Fayette St.

Remarks

Considered, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Oct 3/80*
4. Place of Birth (Street and Number) *195 Gignett St.*
5. Full Name of Mother *Anna H. Smith*
6. Mother's Maiden Name *LaPorte*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Smith*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. W. Brown*
- Address *246 Madison St.*
- Remarks

# RETURN OF A BIRTH, 11-25-01

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct 3rd 1900

4. Place of Birth, (Street and Number) No 935 W. Lexington St. Balt

5. Full Name of Mother Mallory Christian Gibson

6. Mother's Maiden Name Mallory Christian Gibson

7. Mother's Birthplace Essex Co. Virginia

8. Full Name of Father Harry Smith

9. Father's Occupation Pharmaceutical Clerk

10. Father's Birthplace Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mauder

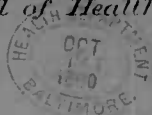
Address \_\_\_\_\_

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

M

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 3. 1880

4. Place of Birth, (Street and Number)

11 John St -

5. Full Name of Mother,

Lizzie Rawlings  
Jones

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland  
George Rawlings  
Stevens

8. Full Name of Father,

9. Father's Occupation,

Maryland

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

Ida Sadler

Address,

11 New St

Remarks,

# RETURN OF A BIRTH,

42503

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 3<sup>rd</sup> 1880
4. Place of Birth, (Street and Number) #1 Constitution Street
5. Full Name of Mother Lepie Parker
6. Mother's Maiden Name Lepie Yang
7. Mother's Birthplace Baltimore
8. Full Name of Father John Parker
9. Father's Occupation Miner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Henry H. Hagedorn
- Address 182 E. Monument Street
- Remarks \_\_\_\_\_

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 8<sup>th</sup> 1880
4. Place of Birth, (Street and Number) No. 95 Somerset Street
5. Full Name of Mother Sarah Glock
6. Mother's Maiden Name " Ruskell
7. Mother's Birthplace Baltimore county
8. Full Name of Father Geo. Glock
9. Father's Occupation Street Paving
10. Father's Birthplace Wurtemberg Germany.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bell
- Address No 183 S.E. cor. Central av. & Monument St.
- Remarks All Well

# RETURN OF A BIRTH,

112506

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 3<sup>rd</sup> 80

4. Place of Birth, (Street and Number)

144 Sharp St

5. Full Name of Mother

Annie Maish

6. Mother's Maiden Name

Bischoff

7. Mother's Birthplace

Bremen

8. Full Name of Father

And Maish Maish

9. Father's Occupation

Liquor Dealer

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address

4 328 S. Eutaw St

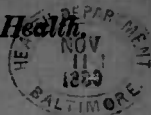
Remarks

name of the mother of such child or children.



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth Oct 30 1880

4. Place of Birth, (Street and Number) 532 W Fayette St

5. Full Name of Mother Martha Taliefero

6. Mother's Maiden Name Martha Luter

7. Mother's Birthplace Maryland

8. Full Name of Father Roderick Taliefero

9. Father's Occupation Clerk

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Lunn

Address \_\_\_\_\_

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

42508

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 4<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

163 S Register st

5. Full Name of Mother,

Maria Greif

6. Mother's Maiden Name,

" Seegumber

7. Mother's Birthplace,

City

8. Full Name of Father,

Herman Greif

9. Father's Occupation,

Cooper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Batz

Address,

120 Bank st

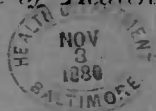
Remarks,

of the parents, and the maiden name of the mother of said child, must be furnished.

# RETURN OF A BIRTH

42509

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



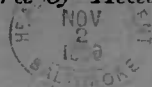
of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 24th, 1880*
4. Place of Birth, (Street and Number) *14th Lemon Court, Balt. City, Md.*
5. Full Name of Mother, *Mrs. Eliza Smith*
6. Mother's Maiden Name, *Hook*
7. Mother's Birthplace, *Baltimore City, Md.*
8. Full Name of Father, *Thomas Smith*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore City, Md.*
- Name of Medical Attendant, (or other Person who makes this Return) *Dr. J. L. Latham*
- Address, *435 N. McHenry St.*
- Remarks, *Healthy Child*

# RETURN OF A BIRTH

1125/0

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 4th '80*

4. Place of Birth, (Street and Number) *Prima Ave near Broadway Ave*

5. Full Name of Mother, *Charlotte Bonen*

6. Mother's Maiden Name, *Charlotte Wilks*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *George W. Bonen*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Mid*

Name of Medical Attendant, (or other Person who makes this Return)

Address,

Remarks,

*J. Keller M.D.  
87 N. Greene St.*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *14<sup>th</sup> of October*

4. Place of Birth (Street and Number) *Hudson Alleying number*

5. Full Name of Mother *Elizabeth M. M.*

6. Mother's Maiden Name *Porter*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James H. M.*

9. Father's Occupation *Fireman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Charles H. Crosby*

Address *369 Cathedral St.*

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

12512  
5<sup>th</sup> Male  
Mother 1880  
Oct 4<sup>th</sup> 1880  
289  
Mary B. Grinnell  
Dancer  
Baltimore sea  
John A. Grinnell  
Carpenter  
Baltimore sea  
Grinnell  
By Mary B. Grinnell

with in six days thereafter, stating the full name, nativity, and residence of the child, its sex, date of birth, its or their physical condition, whether still born or not, the full name, nativity, and residence of the mother of such child or children, and the name of the father, and the name of the medical attendant, or other person who makes this return.

# RETURN OF A BIRTH.

42518

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4th Oct 1880*
4. Place of Birth (Street and Number) *45 Brown Street*
5. Full Name of Mother *Ida C Hastings*
6. Mother's Maiden Name *" " Connolly*
7. Mother's Birthplace *St. Marys Co Maryland*
8. Full Name of Father *Richard W. Hastings*
9. Father's Occupation *Miner.*
10. Father's Birthplace *Dorchester Co Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Augustus M. Dodge M.D.*
- Address *201 Hanover St*
- Remarks *Baltimore*

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

42514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 4. 1899

4. Place of Birth, (Street and Number)

11. Schaefer St. No. 158

5. Full Name of Mother,

Henry Mattheson

6. Mother's Maiden Name,

James

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Henry Mattheson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. B. B. B. B.

Address,

South Baltimore St. No. 14

Remarks,

Living



# RETURN OF A BIRTH.

42515

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 4<sup>th</sup>

4. Place of Birth (Street and Number) No. 104 Barclay St. Canton

5. Full Name of Mother

Laura V. Smith

6. Mother's Maiden Name

Laura V. Rogers

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

David M. Smith

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this return

Mrs. Sarah Gullens

Address

104 Barclay St. Canton

Remarks

Print, fill or leave blank, as required, whether and when or not, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

42576

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 4th

4. Place of Birth (Street and Number)

322 Forest St

5. Full Name of Mother

Mary Cronin

6. Mother's Maiden Name

Gallen

7. Mother's Birthplace

Ireland

8. Full Name of Father

Jeremiah Cronin

9. Father's Occupation

Labors

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm Whitehead M.D.

# RETURN OF A BIRTH

42517

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup> of 3<sup>rd</sup> in

1. Sex, (state whether male or female)

Mädchen

2. Race or Color, (if not of the white race)

Weiß

3. Date of Birth,

geboren den 4<sup>ten</sup> Okt. 99.

4. Place of Birth, (Street and Number)

184 Eastern St.

5. Full Name of Mother,

Lina Esslinger

6. Mother's Maiden Name,

Lina Oth.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Esslinger

9. Father's Occupation,

Handarbeiter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address,

197 S. Dallas St.

Remarks,

Heimlich

# RETURN OF A BIRTH 42578

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female).. female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 4 1880

4. Place of Birth, (Street and Number) 202 Montgomery

5. Full Name of Mother, Annie E. McDamack

6. Mother's Maiden Name, Anne E. Repetalk

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frank McDamack

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return, Theodore Cook Md

Address, 146 N. Anne St

Remarks,

# RETURN OF A BIRTH

42519

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 4th 1880

4. Place of Birth, (Street and Number)

970 621 Light st  
Louise Harman

5. Full Name of Mother,

6. Mother's Maiden Name,

Weaver

7. Mother's Birthplace,

America

8. Full Name of Father,

Edward Harman

9. Father's Occupation,

Brick maker

Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this return.

J. Schwarz midwife  
330 Hanover st.

Address,

Remarks,

Health, or of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42520

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female)  
2. Race or Color (if not of the white race)  
3. Date of Birth  
4. Place of Birth (Street and Number)  
5. Full Name of Mother  
6. Mother's Maiden Name  
7. Mother's Birthplace  
8. Full Name of Father  
9. Father's Occupation  
10. Father's Birthplace

1<sup>st</sup> Child.

Female.

Color.

Oct. 4<sup>th</sup> 1880.

198 Fremont St.

Margaret Pratt.

Marg't Dorsey.

Howard Co.

Sam'l H. Pratt.

Drayman.

Montgomery Co.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Child - Healthy.

J. P. Powell, M.D.  
227 Chestnut St. N.E.

# RETURN OF A BIRTH

142521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The  
Male,

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 4. 1880

4. Place of Birth, (Street and Number)

Ship Annie H. Grown Locust St.

5. Full Name of Mother,

Mrs. Annie Hunter Grown,

6. Mother's Maiden Name,

" H. Morrison

7. Mother's Birthplace,

N. York, New Brunswick,

8. Full Name of Father,

Capt. James William Grown,

9. Father's Occupation,

Sea Captain

10. Father's Birthplace,

N. York, New Brunswick

Name of Medical Attendant, or other Person who makes this Return.

Dr. Claville, Rock M.D.

Address,

Balt & Wash St

Remarks,

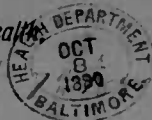
A natural,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42522

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth:

Oct 11

4. Place of Birth (Street and Number)

No.

39 Peach Alley

5. Full Name of Mother

Rachel Greener

6. Mother's Maiden Name

Rachel Purnell

7. Mother's Birthplace

Wardens Co Maryland

8. Full Name of Father

Charles Greener

9. Father's Occupation

Cabman

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

mid wife Mary G. Dennis

Address

No 21 Peach Alley

Remarks



# RETURN OF A BIRTH

42523

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 11. 1880

4. Place of Birth, (Street and Number)

381 E. Gay St.

5. Full Name of Mother,

Alberda Hicks

6. Mother's Maiden Name,

"Gaither"

7. Mother's Birthplace,

June Knudsen, Sec. Med.

8. Full Name of Father,

Capt. Columbus Bonpus Hicks

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

G. G. Lusk, M.D.

Address,

Balt. & Md. Ob.

Remarks,

Natural,

State, give their physical condition, whether full-term or not, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 1435214

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

Robert M. Smith

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth October 14<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 1024 First Alley

5. Full Name of Mother Georgiana Smith

6. Mother's Maiden Name Georgiana Green

7. Mother's Birthplace Montgomery County Maryland

8. Full Name of Father Stephen Smith

9. Father's Occupation laborer

Father's Birthplace Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. Doctor Jones

Address 1135 Chestnut Street - city

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

42525

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 Child*
1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4 October 1880*
4. Place of Birth, (Street and Number) *250 Bond St*
5. Full Name of Mother, *Johanna Blum*
6. Mother's Maiden Name, *Seraff*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *George Blum*
9. Father's Occupation, *Trailer*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return.
- Address, *Mrs Rose Allig*
- Remarks, *48 Holland St*

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight (8<sup>th</sup>)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 4<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

No 100 N. Broadway

5. Full Name of Mother

Mrs. Sarah Jane Little

6. Mother's Maiden Name

Mrs. Sarah Jane Little

7. Mother's Birthplace

Stafford County, Md.

8. Full Name of Father

Mrs. Thomas W. Little

9. Father's Occupation

Cotton Inspector

10. Father's Birthplace

Baltimore City, Md.

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. H. Claudine M.D.

Address

No 100 North Broadway

Remarks

# RETURN OF A BIRTH,

112527

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth Okbr. 4 d. 1880

4. Place of Birth, (Street and Number) 179 N. Caroline St.

5. Full Name of Mother Karoliene Knochel

6. Mother's Maiden Name Karoline Mueller

7. Mother's Birthplace Baltimore

8. Full Name of Father Georg Peter Knochel

9. Father's Occupation Tailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond St.

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 4<sup>th</sup> Dec 1879
4. Place of Birth, (Street and Number) 269<sup>th</sup> Street
5. Full Name of Mother Mrs. Sarah C. Barker
6. Mother's Maiden Name Mrs. Sarah E. Allen
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. H. Barker
9. Father's Occupation General Storekeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Barker
- Address 125<sup>th</sup> Broadway
- Remarks Baltimore

son, when, whether and is or is not the full name, nativity, and residence of the parent, and name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3.

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

4<sup>th</sup> Oct. 1880

4. Place of Birth, (Street and Number)

92 York St

5. Full Name of Mother

Mary Thorneley

6. Mother's Maiden Name

" Rahy

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick Thorneley

9. Father's Occupation

Chimney Sweep Master

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

H. W. Betzler, M.D.

Address

57 Harrison St

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 4th 1880
4. Place of Birth, (Street and Number) No 31 Little McKelvey St.
5. Full Name of Mother Mary Carl
6. Mother's Maiden Name " Deig
7. Mother's Birthplace Baltimore
8. Full Name of Father August Carl
9. Father's Occupation Painter
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt
- Address No 185 E. cor Central av & Monument St
- Remarks All Well

name of the mother of such child or children.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) W

3. Date of Birth Oct 4 - 80

4. Place of Birth (Street and Number) 70 George St

5. Full Name of Mother Frederick J Bryan

6. Mother's Maiden Name Anna W Bryan

7. Mother's Birthplace Washington Co

8. Full Name of Father Anna Herbert Bryan

9. Father's Occupation Merchant

10. Father's Birthplace Balls Blawie

Name of Medical Attendant, or other Person who makes this Return. C. H. Winslow

Address 23 W. Calver St

Remarks

# RETURN OF A BIRTH

42532

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 4. 1880

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary C. Townsend

6. Mother's Maiden Name,

" " Lumbard

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

John S. Townsend,  
Carpenter

9. Father's Occupation,

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who make this Return.

G. G. Ruck M.D.

Address,

Balt. & Wash. Sts.

Remarks,

Breech presentation, delivered  
by version.

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

12533

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 5<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

338 Bank st

5. Full Name of Mother,

Lizzie Leviton

6. Mother's Maiden Name,

Wright

7. Mother's Birthplace,

City

8. Full Name of Father,

James Leviton

9. Father's Occupation,

Painter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this return.

Mrs Elizabeth Betz

Address,

120 Bank st

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42534-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Female*  
*White*  
*Oct 6th 80*  
*Co. Baltimore St & Cluckin*  
*Mary Mary W*  
*Hoffman*  
*Baltimore*  
*W. H. Gault*  
*Provision Dealer*  
*Baltimore*  
*C. W. Hous M D*

# RETURN OF A BIRTH

112535

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

5th October

4. Place of Birth, (Street and Number)

118 1/2 Russell St

5. Full Name of Mother,

Sophy Roberson

6. Mother's Maiden Name,

See

7. Mother's Birthplace,

Easton Shore Virginia

8. Full Name of Father,

John Roberson

9. Father's Occupation,

Dralter

Father's Birthplace,

Easton Shore Virginia

Name of Medical Attendant, or other Person who makes this Return.

Angellie Wilson

Address,

319 Hamburg St

Remarks,

name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race)

3. Date of Birth *October 5<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *315 West Lombard St.*

5. Full Name of Mother *Anna Spurness*

6. Mother's Maiden Name *Wittich*

7. Mother's Birthplace *Prussia*

8. Full Name of Father *John J. Spurness*

9. Father's Occupation *Merchandise*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address *Severian Nij 3 Gaberun*

Remarks *At 26. R. L. Smith, M.D.*

# RETURN OF A BIRTH

112537

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *geboren den 5 ten October*
- Place of Birth, (Street and Number) *N. 244 S. Dallas St.*
- Full Name of Mother, *Elisabeth Zeller*
- Mother's Maiden Name, *Elisabeth Lippert*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Georg Zeller*
- Father's Occupation, *Schneider*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Frederike Praegerman*
- Address, *N. 197 S. Dallas St.*
- Remarks, *Heimlich*

# RETURN OF A BIRTH

42535

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 5th 1880  
No. 752 Hanover St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Jane Quinn  
C. Linn

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ireland  
Patrick Quinn

8. Full Name of Father,

9. Father's Occupation,

Laborer  
Ireland.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser midwife  
330 Hanover St.

Address,

Remarks,



# RETURN OF A BIRTH

42539

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 5 1880

4. Place of Birth, (Street and Number)

360 Light St

5. Full Name of Mother,

Caroline Herrmann

6. Mother's Maiden Name,

Eckhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Herrmann

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser, midwife

Address,

330 Hanover St.

Remarks,

# RETURN OF A BIRTH

42540

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 5th 1880  
No 6 Stockholm St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Elise Romburg

6. Mother's Maiden Name,

Bogenschutz

7. Mother's Birthplace,

America

8. Full Name of Father,

William Romburg

9. Father's Occupation,

Clerk

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

Lohwasser midwife

Address,

330 Hanover St.

Remarks,

of the parents, and the maiden name of the mother of each child.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 5, 1880

4. Place of Birth, (Street and Number)

13 Orlean St

5. Full Name of Mother,

Mary Ann Dorsey

6. Mother's Maiden Name,

" Boughlin

7. Mother's Birthplace,

England

8. Full Name of Father,

Chas. E. Dorsey

9. Father's Occupation,

Carrriage Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. H. White, M.D.

Address,

27 N. Broadway

Remarks,

# RETURN OF A BIRTH

42542

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th natural*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *October the 5th*
4. Place of Birth, (Street and Number) *Chesnut Alley 95*
5. Full Name of Mother, *Mrs Julia R Johnson*
6. Mother's Maiden Name, *Julia R. Harce*
7. Mother's Birthplace, *Sapppahannock Essex Co Va*
8. Full Name of Father, *George W Johnson*
9. Father's Occupation, *Walter*
10. Father's Birthplace, *Dunville Va Essex Co*
- Name of Medical Attendant, or other Person who makes this Return. *Ellen Stubbs 42 Sharp St Md*
- Address, *42 Sharp St Md*
- Remarks,

# RETURN OF A BIRTH

112543

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

37d.

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

Oct. 5. 1880

4. Place of Birth, (Street and Number).....

69 Chas St

5. Full Name of Mother,.....

Frances Marian Payne Miller

6. Mother's Maiden Name,.....

" " Carroll

7. Mother's Birthplace,.....

Bath. Ind.

8. Full Name of Father,.....

Lewis Conrad Miller

9. Father's Occupation,.....

Clerk

10. Father's Birthplace,.....

Bath. Ind.

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Nathan and W.C.

Address,

2305 W. Caroline St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

495411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

Name of child: Lewis Harry Sprague  
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 7th 1880

4. Place of Birth, (Street and Number)

94 N. Broadway

5. Full Name of Mother,

Mary E. Sprague

6. Mother's Maiden Name,

" " Higgins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis M. Sprague

9. Father's Occupation,

Marshall Field

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edward M. Devlin

Address,

133 N. Egle St

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 5<sup>th</sup> 1880

4. Place of Birth (Street and Number)

526 E. Chase St

5. Full Name of Mother

Julia Lewis

6. Mother's Maiden Name

Fales

7. Mother's Birthplace

Woodbury, Balt. Co MD

8. Full Name of Father

Emmet Lewis

9. Father's Occupation

Puttyman Varnisher & Can Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Geo H. Taylor M.D.

Address

222 N. Broadway

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42546

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Oct 5th

4. Place of Birth (Street and Number)

91 E. Lombard St

5. Full Name of Mother

Rebecca Mintz

6. Mother's Maiden Name

Rebecca

7. Mother's Birthplace

Russia

8. Full Name of Father

Abraham Jacob Mintz

9. Father's Occupation

Teacher

10. Father's Birthplace

Russia

Name of Medical Attendant, or other Person who makes this return

Mrs. C. Bernstein

Address

113 E. Lombard St.

Remarks

No Remarks



# RETURN OF A BIRTH

42547

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5 October

4. Place of Birth, (Street and Number)

28 Mc. Garry St

5. Full Name of Mother,

Minnie Lee Menest

6. Mother's Maiden Name,

Horseshoe

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Menest

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Hancock

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Rose Ulling

Remarks,

48 Hollands St

# RETURN OF A BIRTH,

112548

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) W

3. Date of Birth Oct 5 1880

4. Place of Birth, (Street and Number) 255. Hollister "

5. Full Name of Mother Mary Mc Culley

6. Mother's Maiden Name Mary Watson "

7. Mother's Birthplace Balti

8. Full Name of Father Samuel Mc Culley

9. Father's Occupation Carriage

10. Father's Birthplace Balti

Name of Medical Attendant, or other person who makes this return. J H Patterson

Address 23 Franklin "

Remarks \_\_\_\_\_

son of the mother, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42549

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October the 5<sup>th</sup> 1890*
4. Place of Birth (Street and Number) *Springton st. No 297*
5. Full Name of Mother *Mary Shalt*
6. Mother's Maiden Name *Mary Shalt*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Henry Shalt*
9. Father's Occupation *Patier*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. J. F. Harman*
- Address *222 Park St*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

*Baltimore*  
142551

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*No 9*

1. Sex (state whether male or female)

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth

*Dec 5 of 1880*

4. Place of Birth, (Street and Number)

*112 Somerset St*

5. Full Name of Mother

*Justina Roehrig*

6. Mother's Maiden Name

*Justina Baubach*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*Julius Baubach*

9. Father's Occupation

*Tablet*

10. Father's Birthplace

*Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Justina Laner*

Address

Remarks

*112 Somerset*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

540 Hartford St.

Jane E. Bayless

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH, 112552

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 21st October

4. Place of Birth, (Street and Number) No 355 E. Lombard

5. Full Name of Mother Mrs Miranda Ann

6. Mother's Maiden Name Mrs Miranda Ann

7. Mother's Birthplace Northumberland County Pa

8. Full Name of Father Mrs Joseph Al

9. Father's Occupation Cult

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this return. Mr. Maurice

Address 193 Bank st

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH.

42553

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Mixed*
3. Date of Birth *Oct- 5<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *No. 4 John ally*
5. Full Name of Mother *Kate Johnston*
6. Mother's Maiden Name *Kate Cook*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Benjamin Johnston*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardner M.D.*
- Address *120 N. Greene St.*
- Remarks *The mother is white - American - the Father black - african.*

born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

conditions, whether still born or not, the full name, nativity, and residence of the parents, as the mother.

Female  
White  
Oct. 14, 1888  
226 Bond St.  
Lizzie A. Brown  
Lizzie A. Wilson  
Born in Baltimore  
Franklin Brown  
Huckster  
Baltimore  
Maggie  
175 Pearl

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

# RETURN OF A BIRTH,

525574

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



Consider, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

2nd Oct. 1880

4. Place of Birth, (Street and Number)

226 Bond St.

5. Full Name of Mother

Lizzie A. Burroughs

6. Mother's Maiden Name

L. B. A. Wilson

7. Mother's Birthplace

Born in Baltimore

8. Full Name of Father

Franklin Burroughs

9. Father's Occupation

Householder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. W. Hall

Address

125 N. E. Ave.

Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 5<sup>th</sup> 1880

4. Place of Birth, (Street and Number) # 366

5. Full Name of Mother Elvira

6. Mother's Maiden Name Elvira

7. Mother's Birthplace Germany

8. Full Name of Father Fredrick Schatmann

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. W. H. H. H. H.

Address 182 E Monument St.

Remarks

Don't know, whether child born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112556

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 1 William Henry May

4. Place of Birth (Street and Number) 209 E 13th

5. Full Name of Mother Sarah E. Markish

6. Mother's Maiden Name " " Haysom

7. Mother's Birthplace Prussia

8. Full Name of Father James Markish

9. Father's Occupation Railroader

10. Father's Birthplace Delaware City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Carley

Address

Remarks

# RETURN OF A BIRTH.

42557

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 5<sup>th</sup>

4. Place of Birth (Street and Number) 9 Constellation St

5. Full Name of Mother Annie Sexton

6. Mother's Maiden Name Annie Hafferty

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas B. Sexton

9. Father's Occupation Machinist

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. J. Jones M.D.

Address 134 Frederick St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

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was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH,

112558

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 5th

4. Place of Birth, (Street and Number)

# 1931 Howard St

5. Full Name of Mother

Elizabeth Eisenhardt

6. Mother's Maiden Name

Emmert

7. Mother's Birthplace

Baltimore Co. Md

8. Full Name of Father

Christian Eisenhardt

9. Father's Occupation

Sergeant Wurchenburg

10. Father's Birthplace

Shoemaker

Name of Medical Attendant, or other Person who makes this Return.

Mary Brock

Address

# 328 S. Eutan St

Remarks



# RETURN OF A BIRTH

42559

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, Oct. 8th / 80  
4. Place of Birth, (Street and Number) 107 Sharp St  
5. Full Name of Mother, Mary Wilson  
6. Mother's Maiden Name, Mary Daily  
7. Mother's Birthplace, Ireland  
8. Full Name of Father, Patrick Wilson  
9. Father's Occupation, Stone Mason  
10. Father's Birthplace, Ireland  
Name of Medical Attendant, or other Person who makes this Return, N W Wilson  
Address, 143 N Charles  
Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42560

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female  
White  
October 6<sup>th</sup> 1890  
127 N. Carrollton - 2  
Clara Miller  
Elena Bennett  
Baltimore  
Wm. A. Miller  
Merchant  
Permanency License  
Dr. H. C. [illegible]  
121 W. [illegible] D

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

143,561

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 6th '80*

4. Place of Birth, (Street and Number) *252 N. Carey St.*

5. Full Name of Mother, *Mary Jones*

6. Mother's Maiden Name, *Mary McCallum*

7. Mother's Birthplace, *Ill.*

8. Full Name of Father, *Joseph H. Jones*

9. Father's Occupation, *Book Keeper*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant, or other Person who makes this return.

*J. Keller M.D.*

Address,

*87 N. Greene St.*

Remarks, ..

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42562

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup> Child of Person  
Male



1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

Eight  
6<sup>th</sup> of October 1880

4. Place of Birth, (Street and Number)

Knox Court No. 26

5. Full Name of Mother,

Mrs. Christina Schlottkober

6. Mother's Maiden Name,

Mrs. Zimmerman

7. Mother's Birthplace,

Boucklett German

8. Full Name of Father,

Henry Schlottkober

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Salzw. Hanover

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Seebach

Address,

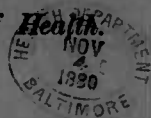
No. 439. West Pratt Street.

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup> child

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth 6<sup>th</sup> Oct. 1880

4. Place of Birth, (Street and Number) 122 Hughes'

5. Full Name of Mother Mary Dingle

6. Mother's Maiden Name Hammerback

7. Mother's Birthplace Balt.

8. Full Name of Father Henry Dingle

9. Father's Occupation Police officer

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this return. H. H. Hektop M.D.

Address 54 Market

Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First  
Male

White

67 Oct. 1880

843 W. Balt. St.

Marie E. Carl

Goetz

Baltimore

Gustav H. O. Carl

Baker

Germany

John H. Carl

2 N. Carey St.

First, large boy

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its, and the maiden condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

42565

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center, the date "OCT. 6 1888" is stamped.

name of the mother of such child or children.

- Maine  
 Dec 1840  
 219 Ave. Elm -  
 Fair Haven  
 - - - - -  
 Page Co. Virginia  
 4th. Nov  
 White night  
 387 1/2  
 387 1/2

# RETURN OF A BIRTH,

42566

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct. 1 1880



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct - 1st 1880

4. Place of Birth, (Street and Number) 137 Bank Street

5. Full Name of Mother Katie Buchanan

6. Mother's Maiden Name Katie Schuch

7. Mother's Birthplace America

8. Full Name of Father Marcus Buchanan

9. Father's Occupation Pastor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amund

Address 137 South Wolfe Street

Remarks

name of the mother of such child or children.



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 8

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 6<sup>th</sup>

4. Place of Birth, (Street and Number) 44 Center St

5. Full Name of Mother Anga Bunncke

6. Mother's Maiden Name Kordes

7. Mother's Birthplace Germany

8. Full Name of Father George Bunncke

9. Father's Occupation Carpenter

Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sal. L. Sinner

Address 4070 Graham St.

Remarks \_\_\_\_\_

name of the mother of such child or children.

# RETURN OF A BIRTH

42568

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th of October 1880
4. Place of Birth, (Street and Number) 34 North Chapel street
5. Full Name of Mother, Mary Adams
6. Mother's Maiden Name, Mary Apel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kuhn, Mbl.
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel
- Address, 77 North Chapel street per Justina Kunkel
- Remarks, Healthy.

# RETURN OF A BIRTH

1,2569

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, maiden name, of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 6 - 1880

4. Place of Birth, (Street and Number)

258 Howard St

5. Full Name of Mother,

Emilia Wagner

6. Mother's Maiden Name,

Hartman

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Wagner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Lohmann, midwife

Address,

330 Hanover St

Remarks,

# RETURN OF A BIRTH

42570

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 6<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

201 William St

5. Full Name of Mother,

Margareth Bauer

6. Mother's Maiden Name,

Opp.

7. Mother's Birthplace,

America

8. Full Name of Father,

Joseph Bauer

Father's Occupation,

America

10. Father's Birthplace,

Cann maker

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser midwife

Address,

330 Hanover St.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, last name, first name, middle name, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



5<sup>th</sup>  
Female

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, (Street and Number)

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

Oct 6 - 1880  
178 West St  
Caroline Platt  
America  
George Platt  
Cooper  
Germany  
J. Lohwasser midwife  
300 Hanover St.

or other Person who  
makes this Return.

Not to be filled out until the child has been born and the name of the mother and father has been ascertained.

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

# RETURN OF A BIRTH

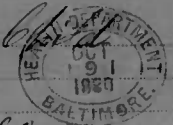
42571

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th  
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 6 - 1880

4. Place of Birth, (Street and Number)

178 West st

5. Full Name of Mother,

Caroline J. Pitt  
Huber

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
George Pitt  
Cooper

8. Full Name of Father,

9. Father's Occupation,

Germany

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaeser midwife

Address,

300 Hanover st.

Remarks,

# RETURN OF A BIRTH

42572

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d~~ etc) 2

1. Sex, (state whether ~~male~~ or female)

2. Race & Color, (~~if not of the white race~~)

3. Date of Birth,

October 6, 1880

4. Place of Birth, (Street and Number)

No. N. Caroline St.

5. Full Name of Mother,

Margaret Carter

6. Mother's Maiden Name,

"

Taylor

7. Mother's Birthplace,

Basingstoke, Hampshire, England

8. Full Name of Father,

Robert Carter

9. Father's Occupation,

Real Estate Broker

Father's Birthplace,

Sidcup Kent Co England

Name of Medical Attendant, or other Person who makes this Return.

H. W. White, M.D.

Address,

347 N. Broadway

Remarks,

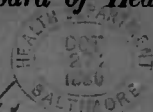


condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

W

3. Date of Birth

Oct 6 1880

4. Place of Birth, (Street and Number)

Harvard St

5. Full Name of Mother

Lavinia Casey

6. Mother's Maiden Name

Clark

7. Mother's Birthplace

Balt

8. Full Name of Father

Jas F Casey

9. Father's Occupation

Sales

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

W H Patterson M D

Address

23 Franklin St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 6<sup>th</sup> October

4. Place of Birth (Street and Number) Boundary St

5. Full Name of Mother Johanna Miller

6. Mother's Maiden Name Johanna Miller

7. Mother's Birthplace Germany

8. Full Name of Father John Miller

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. 112 Lane Bay

Address 590 Gaylord St

Remarks

consent, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *October 6th*
4. Place of Birth, (Street and Number) *Eden st*
5. Full Name of Mother *Mary E. Aul*
6. Mother's Maiden Name *Mary E. Muhl*
7. Mother's Birthplace *from Hegsted Auen*
8. Full Name of Father *John Aul*
9. Father's Occupation *Barber*
10. Father's Birthplace *Rienbach Auen*
- Name of Medical Attendant, or other Person who makes this return. *Mrs. Mauerer*
- Address *193 Bank st*
- Remarks

# RETURN OF A BIRTH

112576

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th Oct

4. Place of Birth, (Street and Number)

15 W Lomb. Street

5. Full Name of Mother,

Oppie Benz

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Benz

9. Father's Occupation,

Labor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person

Dr. Geo. Cooper

Address,

11th Street, E. corner

Remarks,

Leahard Benz

October 14th 1888

L. Benz, still ch. 272

Die the 19th Oct. in cradle

# RETURN 'OF A BIRTH

42577

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) \_\_\_\_\_
- Date of Birth, *6 October*
- Place of Birth, (Street and Number) *120 S Canal*
- Full Name of Mother, *Ana Kntsch*
- Mother's Maiden Name, *Schreiber*
- Mother's Birthplace, *Germany*
- Full Name of Father, *Georg Kntsch*
- Father's Occupation, *Barber*
- Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah Casper*
- Address, *52 S Lombard*
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

42578

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 6 October
4. Place of Birth, (Street and Number) 15 W. Lombard
5. Full Name of Mother, Sophi Pentz
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Pentz
9. Father's Occupation, Workmen
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs. Lala Cooper  
or other Person who makes this Return.
- Address, 52 E. Lombard
- Remarks, \_\_\_\_\_

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42579

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 6, 1890

4. Place of Birth, (Street and Number)

418 S. Victoria

5. Full Name of Mother,

Lizzie Elliott

6. Mother's Maiden Name,

W. Chapman

7. Mother's Birthplace,

Eng. Pr.

8. Full Name of Father,

John Elliott

9. Father's Occupation,

Mar. Trade

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. Amos Gooden

Address,

164 S. W. 1st St.

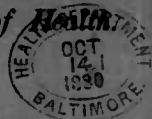
Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112580

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 7

4. Place of Birth, (Street and Number) 352 William St

5. Full Name of Mother Robert Gregory

6. Mother's Maiden Name Mary

7. Mother's Birthplace Baltimore

8. Full Name of Father James Gregory

9. Father's Occupation Bookstore

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Nash

Address \_\_\_\_\_

Remarks \_\_\_\_\_



# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Registrar, having ascertained the sex of child, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

2<sup>nd</sup> of Oct. 1880

4. Place of Birth, (Street and Number)

545 Bay St. Balto.

5. Full Name of Mother

Josephine Grant

6. Mother's Maiden Name

J. E. Evans

7. Mother's Birthplace

Germany

8. Full Name of Father

J. E. Evans

9. Father's Occupation

Watch Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Wm. Hall

Address

125 M. Avenue

Remarks

Dead

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

42583

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Oct. 6 1880  
 4. Place of Birth, (Street and Number) Baltimore P. B. 77  
 5. Full Name of Mother Elizabeth Jaeger  
 6. Mother's Maiden Name Borman  
 7. Mother's Birthplace Prussia  
 8. Full Name of Father Charles Jaeger  
 9. Father's Occupation Bar-keeper  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell  
 Address N. E. 140 Ramsey St.  
 Remarks \_\_\_\_\_

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their place of condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male

White

Oct 7 / 90

667 Lexington Ave

Nellie Robinson

Burch

Washington D.C.

Chas Joshua Horner

Clerk

Md

Thomas Opie M.D.

581 Lexington St

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112585

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *7<sup>th</sup> of October*
4. Place of Birth (Street and Number) *Oak St.*
5. Full Name of Mother *Florence Harris*
6. Mother's Maiden Name *Shook*
7. Mother's Birthplace *Keymarket*
8. Full Name of Father *William Harris*
9. Father's Occupation *Conductor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charles H. Crosby*
- Address *369 Cathedral St*
- Remarks

# RETURN OF A BIRTH.

42586

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

3<sup>rd</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 7<sup>th</sup> 1880

4. Place of Birth (Street and Number)

239 Forest St

5. Full Name of Mother

Mary Porter

6. Mother's Maiden Name

Mary Humphreys

7. Mother's Birthplace

Balto md

8. Full Name of Father

R. S. Porter

9. Father's Occupation

Porter

10. Father's Birthplace

Balto md

Name of Medical Attendant, or other Person who makes this Return.

M. B. Billings Co. for

Address

36 Green Mt Ave

D. N. Hunter

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42587

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Oct 7*  
 4. Place of Birth, (Street and Number) *16 Columbia av*  
 5. Full Name of Mother, *Henrietta Young*  
 6. Mother's Maiden Name, *Henrietta Lindel*  
 7. Mother's Birthplace, *Baltimore City*  
 8. Full Name of Father, *William Young*  
 9. Father's Occupation, *Paper Box Maker*  
 10. Father's Birthplace, *Baltimore City*  
 Name of Medical Attendant, *or other Person who makes this Return. No. Schelfler*  
 Address, *10 20 Columbia av*  
 Remarks,

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct 18



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 228

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 7<sup>th</sup> 1890.

4. Place of Birth, (Street and Number) 59 Wolfe Street.

5. Full Name of Mother Louisa Groll.

6. Mother's Maiden Name Louisa Hoffman

7. Mother's Birthplace America.

8. Full Name of Father George Groll.

9. Father's Occupation Seafarer.

10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this return. Mrs. Mary Carroll

Address 137 South Wolfe Street.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

142589

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 24 1880

4. Place of Birth, (Street and Number)

Co. Whatcoat St. Am. Street

5. Full Name of Mother,

Nettie Mahone

6. Mother's Maiden Name,

Lucy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. Mahone

9. Father's Occupation,

Bucklayer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

G. H. Sonip, M.D.

Address,

Co. Stuckey & Pesham

Remarks,

# RETURN OF A BIRTH

42590

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2<sup>nd</sup> October 1880

4. Place of Birth, (Street and Number) Baltimore Canton Washington St No 6

5. Full Name of Mother, B. Swadlow

6. Mother's Maiden Name, B. B. B. B.

7. Mother's Birthplace, Germany

8. Full Name of Father, J. B. B.

9. Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 69 Washington

Remarks, Mary Hospital

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7 October 1880

4. Place of Birth, (Street and Number)

44 Central Ave.

5. Full Name of Mother,

Minnie Langood

6. Mother's Maiden Name,

Grier

7. Mother's Birthplace,

Oldenberg

8. Full Name of Father,

George Langood

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Oldenberg

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs Rose Ulling  
48 Holland St

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
- Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks,

Female  
October 7  
20 E. Baltimore  
Harry Lapp  
Reinhardt  
Balt. Md  
George Lapp  
Painter  
Balt. Md  
Mrs. Sara Casser  
52 E. Townsend

born, its or facts physical condition, whether full term or not, the full name, sex, race, color, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112593

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 October

4. Place of Birth, (Street and Number)

9 South

5. Full Name of Mother,

Barbara Lauerland

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Harry Lauerland

9. Father's Occupation,

Printer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sarah Casper

Address,

52 E. Lombard St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *7 October 1880*
4. Place of Birth (Street and Number) *N Howard St 115*
5. Full Name of Mother *Lora Smith*
6. Mother's Maiden Name *Lora Brady*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph Smith*
9. Father's Occupation *Working man*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *224 West Fayette Street*
- Address
- Remarks

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2nd  
Male  
White  
Oct 7th 1880  
16 Columbia Ave  
Lennetta Jones  
Agnesella Pindale  
Baltimore Md  
Wm Jones  
Paper Box Maker  
Baltimore Md  
Theodore Cook Md  
146 N. Main St

# RETURN OF A BIRTH

42596

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth, *October 7th 1880*
4. Place of Birth, (Street and Number) *37 Henrietta St.*
5. Full Name of Mother, *Mary Clark*
6. Mother's Maiden Name, *" Dembing*
7. Mother's Birthplace, *Crosfield Somerset Co. Md.,*
8. Full Name of Father, *Perry Clark*
9. Father's Occupation, *Fireman*
- Father's Birthplace, *Crosfield Somerset Co. Md.,*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address, *86 Hamilton Street*
- Remarks,

born, its or their physical condition, whether full-term or not, the full name, including name of the parents, and the maiden name of the mother of such child or children.



# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

Registrar, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of every child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female  
White  
Oct 7<sup>th</sup> 1880  
Baltimore Street No. 3  
Annie Conway  
" Murphy  
Ireland  
James Conway  
Dry mass  
Ireland  
M<sup>rs</sup>. E. Mitchell  
No. 141 E. Ramsey St.

Where born, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 7<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) # 255 East Eager St.

5. Full Name of Mother Caroline Simon

6. Mother's Maiden Name Caroline Haffman

7. Mother's Birthplace Philadelphia

8. Full Name of Father Adam Simon

9. Father's Occupation Seaman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Wm. H. Huggins

Address # 182 East Main Street.

Remarks \_\_\_\_\_

Corrections, adding, subtracting the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 7<sup>th</sup> 1880

4. Place of Birth, (Street and Number) # 61 East Nelson St.

5. Full Name of Mother Marion Taylor

6. Mother's Maiden Name Marion Fountain

7. Mother's Birthplace Baltimore

8. Full Name of Father James Thomas Taylor

9. Father's Occupation Printer

10. Father's Birthplace Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. Mrs. H. H. H. H.

Address # 1st East Monument St.

Remarks

# **NOTICE**

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was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112600

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct- 7<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 25 Elbow Lane
5. Full Name of Mother, Laura Butler
6. Mother's Maiden Name, \_\_\_\_\_
7. Mother's Birthplace, Calvert County Maryland
8. Full Name of Father, James Butler
9. Father's Occupation, Laborer
10. Father's Birthplace, Bath, N.Y.
- Name of Medical Attendant, Dr. Peabody Thomas  
or other Person who makes this Return.
- Address, 71 Barclay St.
- Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct- 1st 1880
4. Place of Birth, (Street and Number) 63 Burgundy Alley
5. Full Name of Mother, Jane Allen
6. Mother's Maiden Name,
7. Mother's Birthplace, Dorchester County, Md
8. Full Name of Father, Charles Allen
9. Father's Occupation, Laborer
10. Father's Birthplace, Norfolk, Virginia
- Name of Medical Attendant, or other Person who makes this Return, Lebbah Thomas
- Address, 71 Burgundy Alley
- Remarks,

## RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	October 7th 1880
4. Place of Birth, (Street and Number)	No. Castle St. near Chase
5. Full Name of Mother	Mary Zitterding.
6. Mother's Maiden Name	" Besser
7. Mother's Birthplace	North Carolina
8. Full Name of Father	John Zitterding
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this return.	Mrs. M. A. Rutt.
Address	No 185 S. E. cor. Centell av & Monument St
Remarks	All Well



born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *Friday Oct 8th*
4. Place of Birth, (Street and Number)..... *47 Bureau St*
5. Full Name of Mother,..... *Mary C Baylan*
6. Mother's Maiden Name,..... *Mary A Lewis*
7. Mother's Birthplace,..... *New Jersey*
8. Full Name of Father,..... *Oliver Baylan*
9. Father's Occupation,..... *Barkeeper*
10. Father's Birthplace,..... *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Wilmer Winton M.D.*
- Address,..... *25 1/2 Greenmount Ave*
- Remarks, *'Virtly Presentation'*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

Extract Regulations of the Board of Health, to secure a  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2nd Child  
Male

Oct 8th 1880

233 Hamburg St

Mary Hopfchenhahn

Skinner

America  
John Hopfchenhahn  
Baker

America  
J. Schwaesser midwife  
330 Hanover St.



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42608

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female  
White  
Oct 8<sup>th</sup> 1880  
124 Croft St.  
Louisa Kelly  
Louisa Pritchett  
City  
John Kelly  
Mariner  
City  
W B Noble M D  
17 Wm. Ave

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42609

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female) *Female,*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *Oct. 8, 1880*
4. Place of Birth, (Street and Number) *837 Broadway*
5. Full Name of Mother, *Catharine Virginia German*
6. Mother's Maiden Name, *Ray,*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Theodore German*
9. Father's Occupation, *Speculator*
10. Father's Birthplace, *Balt. Co. Md.*
- Name of Medical Attendant, *Dr. G. C. Cusk* or other Person who makes this Return.
- Address, *Atlantic Bldg., Md. C.*
- Remarks, *Natural*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42610

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex, (state whether male or female) *Female,*
- Race or Color, (if not of the white race)
- Date of Birth, *Oct. 8. 1880*
- Place of Birth, (Street and Number) *146 E. Pratt St.*
- Full Name of Mother, *Cornelia Dunning*
- Mother's Maiden Name, *Gray*
- Mother's Birthplace, *Balt. Md.*
- Full Name of Father, *William Elias Dunning*
- Father's Occupation, *Lawyer*
- Father's Birthplace, *Philad. Pa.*
- Name of Medical Attendant, *A. C. Stark, M.D.*  
or other Person who makes this Return.
- Address, *Balt. & Wash. sts.*
- Remarks, *Natural,*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



- 112611
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth (boy)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 8 1880*
4. Place of Birth (Street and Number) *375 Franklin St*
5. Full Name of Mother *Sarah E. Cunningham*
6. Mother's Maiden Name *S. Schaaf*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Charles Cunningham*
9. Father's Occupation *Electrician*
10. Father's Birthplace *Edinburgh, Scotland*
- Name of Medical Attendant, or other Person who makes this Return. *John D. Slack, M.D.*
- Address *H. H. H. H.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 of October 1890

4. Place of Birth, (Street and Number)

No 106 William St

5. Full Name of Mother,

Annie Morgan

6. Mother's Maiden Name,

Anna McLean

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Morgan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

John Gishaben

Address,

No 128 Western Mt St

Remarks,



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49613

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 15 October 1880

4. Place of Birth, (Street and Number)

Baltimore Lancaster No 228

5. Full Name of Mother,

Mrs. Barbara

6. Mother's Maiden Name,

Mrs. Slavish

7. Mother's Birthplace,

Germany

8. Full Name of Father,

James Oshara

9. Father's Occupation,

Builder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Oshara

Address,

64 Washington St.

Remarks,

Mary Oshara

Extract Regulations of the Board of Health to be filled in and returned to the Board of Health, Baltimore, Md.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 8<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *N. Calvert, between Davis & Pleasant*
5. Full Name of Mother *Mary Igo*
6. Mother's Maiden Name *Mary Igo*
7. Mother's Birthplace *England*
8. Full Name of Father *Michael Igo*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. S. Reynolds*
- Address *North East Cor. Monument & Calvert*
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42615

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Faunth*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct. 8/80.*  
4. Place of Birth (Street and Number) *160 Lenoxman St.*  
5. Full Name of Mother *Lida Seabell*  
6. Mother's Maiden Name *Brashears*  
7. Mother's Birthplace *Baltimore, Md.*  
8. Full Name of Father *John B. Seabell*  
9. Father's Occupation *Clerk.*  
10. Father's Birthplace *New York.*  
Name of Medical Attendant, or other Person who makes this Return. *A. R. Hetterhoff M.D.*  
Address *205 W. Biddle St.*  
Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Oct 8 1880*

4. Place of Birth (Street and Number) *15 Beach Alley*

5. Full Name of Mother *Sister Brown*

6. Mother's Maiden Name *Ross*

7. Mother's Birthplace *Tobacco street Md*

8. Full Name of Father *John Brown*

9. Father's Occupation *laborer*

10. Father's Birthplace *Tobacco street*

Name of Medical Attendant, or other Person who makes this Return. *Mary S. Dennis mid wife*

Address *No 21 Beach Alley*

Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 8th October
4. Place of Birth (Street and Number) N. 523 Charford St
5. Full Name of Mother Mary Ann Bro
6. Mother's Maiden Name Mary Ann Radenhorst
7. Mother's Birthplace Baltimore City
8. Full Name of Father Lewis E. Bro
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. James E. Bayless
- Address 590 Charford
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42618

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 October

4. Place of Birth, (Street and Number)

162 Eastern Ave  
Lake Ward

5. Full Name of Mother,

Cresmation

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Edward Ward

9. Father's Occupation,

Workman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sara Casper

Address,

526 Lombard

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42619

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child
1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of October 1890
4. Place of Birth, (Street and Number) 107 Webster street
5. Full Name of Mother, Annie Gerty
6. Mother's Maiden Name, Annie Melaska
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Charles Melaska
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Crescentia Funkel
- Address, 87 North Chapel street per Justina Funkel
- Remarks, Sickly from birth

Extract Regulations of the Board of Health to be filled out by the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



142620

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 8 1880

4. Place of Birth (Street and Number) Street - 147

5. Full Name of Mother Helen Slaggin

6. Mother's Maiden Name " Slaggin

7. Mother's Birthplace Ireland

8. Full Name of Father Wm. Slaggin

9. Father's Occupation Manager of Fair Park Bath

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Catherine Barlage

Address 154 E. Baltimore

Remarks Mother and Child well.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42621

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 8<sup>th</sup> 1890*
4. Place of Birth, (Street and Number) *Seventeen Street*
5. Full Name of Mother, *Henetta Baker*
6. Mother's Maiden Name, *Ransom*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John James*
9. Father's Occupation, *Book Binder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. W. Schmitt, 1952*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

Return of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2nd

Female

White

Oct. 8th 1880

31 Randal St

Eleanor Loney

Eleanor Holmes

Baltimore Md

Charles S. Loney

Sailor

Baltimore Md

Theodore Cook, M.D.

146 Hanover St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112 623

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug. Oct 8<sup>th</sup> 1886
4. Place of Birth, (Street and Number) 47 Monroe St
5. Full Name of Mother Christena Huss
6. Mother's Maiden Name Christena Heinrich
7. Mother's Birthplace Maryland
8. Full Name of Father Charles Huss
9. Father's Occupation Saddler
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Katherine D. W.
- Address 47 57 Bantock St.
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

426214

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth October 5<sup>th</sup> 1880
4. Place of Birth, (Street and Number) # 156 Sterling St.
5. Full Name of Mother Maria Mageratha Wiskit.
6. Mother's Maiden Name Maria Mageratha Berger.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Joseph Theodor Wiskit
9. Father's Occupation Merchant. Sailor.
10. Father's Birthplace Baltimore.
- Name of Medical Attendant, or other Person who makes this Return. Levi Hillegeist
- Address 152 E. Monument St.
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 8<sup>th</sup> 1880
4. Place of Birth, (Street and Number) Baltimore Ramsey St. No. 9
5. Full Name of Mother Louisa Bruce
6. Mother's Maiden Name James
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Bruce
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell
- Address 141 E. Ramsey
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42626

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name: *George H. Dashiels*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *8 of October 1880*  
4. Place of Birth, (Street and Number) *28 Patterson Park, No.*  
5. Full Name of Mother, *Annie (Dashiels) Dashiels*  
6. Mother's Maiden Name, *"*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Nichols (Dashiels) Dashiels*  
9. Father's Occupation, *Grocer, Masson*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, *Mrs. Wiley*  
Address, *No 12 Patterson Park*  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of ~~Health~~ <sup>Health Department</sup>,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Children 9 8 10  
Both female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8<sup>th</sup> month

4. Place of Birth, (Street and Number)

West st. Baltimore  
Catheram. Albert  
Cathrin. Mellicer

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Albert  
Laper

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

William Smith

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

142628

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth, (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42629

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *male female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Oct the 8 1880*
4. Place of Birth, (Street and Number) *Balt Jasper St No 116*
5. Full Name of Mother, *Mary V Tilman*
6. Mother's Maiden Name, *Tilman*
7. Mother's Birthplace, *Eastern Shore md*
8. Full Name of Father, *George Tilman*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Eastern Shore*
- Name of Medical Attendant, *Mary A Daisey*  
or other Person who makes this Return.
- Address, *89 Oxford St*
- Remarks,

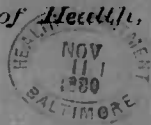
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42630

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 Oct.

4. Place of Birth, (Street and Number)

11 Barnes St.

5. Full Name of Mother,

Maria Kalalik

6. Mother's Maiden Name,

" ~~Anna~~ Kucera

7. Mother's Birthplace,

Priser Bohemia

8. Full Name of Father,

John Kalalik

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Histka Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Josephine Harrod

Address,

20 Barnes St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

426.31

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *Oct 8<sup>th</sup> 1899*  
4. Place of Birth, (Street and Number) *99 Sharp*  
5. Full Name of Mother, *Lizzie Baker*  
6. Mother's Maiden Name, *Lizzie Miller*  
7. Mother's Birthplace, *Balt Md*  
8. Full Name of Father, *Wm Baker*  
9. Father's Occupation, *Confaciner*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return, *A. M. Thomas*  
Address, *143 N Charles*  
Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112633

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 9th 1880

4. Place of Birth, (Street and Number) 191 E. Balto. St.

5. Full Name of Mother Elizabeth Rebeckah Hilberg

6. Mother's Maiden Name Rawlings

7. Mother's Birthplace Balto. City

8. Full Name of Father Wm. R. Hilberg

9. Father's Occupation Confectioner

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Lincol. Ave.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct. 9th*
4. Place of Birth, (Street and Number) *Booth Street No. 74*
5. Full Name of Mother, *Mary A. Frester*
6. Mother's Maiden Name, *Mary A. Bajer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John A. Frester*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Beavercreek, Germany*
- Name of Medical Attendant, or other person who makes this return. *Mrs. Weebach*
- Address, *No. 439. West Pratt St.*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



112635  
October 9<sup>th</sup> 1890 - 7 A.M.  
80 Grand St  
Martha E. Gardner roft  
" " "  
Mid.  
Joseph roft  
City water works  
Mid.  
A. Shertman  
11 S. High St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112136

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st of October 1880

4. Place of Birth, (Street and Number)

No 29 Dundee St

5. Full Name of Mother,

Mary Ann

6. Mother's Maiden Name,

Mary Vall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Vall

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Suber Guisheba

Address,

No 128 Mat St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42637

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 of October 1880
4. Place of Birth, (Street and Number) No 419 Charles st
5. Full Name of Mother, Margaret Rudolph
6. Mother's Maiden Name, Margaret Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Rudolph
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Edna Gristaker  
or other Person who makes this Return.
- Address, No 121 West St
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42638

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)...

lay

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 October 1880

4. Place of Birth, (Street and Number)

Baltimore Fayette St No 52

5. Full Name of Mother,

Loratha Plutha

6. Mother's Maiden Name,

Loratha Witha

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Matha Plutha

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Hospital

Address,

69 Washington

Remarks,

Mary Hospital

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42639

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9<sup>th</sup> October 1880
4. Place of Birth, (Street and Number) Baltimore Ave at No 246 W.
5. Full Name of Mother, Oliver Bodner
6. Mother's Maiden Name, Oliver B =
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Bodner
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return, Mary Doan
- Address, 69 Washington St
- Remarks, Mary Doan

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42640

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5d Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 9<sup>th</sup> '80*

4. Place of Birth, (Street and Number) *22 N. Washington St.*

5. Full Name of Mother, *Polina Messersmith*

6. Mother's Maiden Name, *Matthe*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Simon Messersmith*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

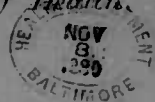


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) Colored  
 3. Date of Birth October 9th 1880  
 4. Place of Birth, (Street and Number) 43 Hillman St  
 5. Full Name of Mother Catherine Maynard  
 6. Mother's Maiden Name Young  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father Peter Maynard  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. B. Maynard  
 Address 1000 E. Bay View Ave  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Name: *Maudie Belle Sheppard*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*1st*

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth,

*Oct 9th 1880*

4. Place of Birth, (Street and Number)

*265 Druid Hill Ave*

5. Full Name of Mother,

*Mary L.*

6. Mother's Maiden Name,

*Bartholow*

7. Mother's Birthplace,

*Baltimore*

8. Full Name of Father,

*John J. Sheppard Sheppard*

9. Father's Occupation,

*Merchant*

10. Father's Birthplace,

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Chas. LePrie M.D.*

Address,

*262 Madison Ave*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Sarah Frances Hughes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 9th - 1880

4. Place of Birth (Street and Number) 126. McClellan St.

5. Full Name of Mother Kate R. Hughes

6. Mother's Maiden Name " R. Ramsey

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Hughes Jr

9. Father's Occupation Carpenter

10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Taylor M. D.

Address 222 N. Broadway

Remarks



That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 9<sup>th</sup> 1880

4. Place of Birth, (Street and Number) # 26 Biddle alley

5. Full Name of Mother Caroline Frank

6. Mother's Maiden Name Caroline Simmons

7. Mother's Birthplace West

8. Full Name of Father John Frank

9. Father's Occupation U. S. Dr.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address 132 E. Monument St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*  
1. Sex, (state whether male or female) *female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *4 October*  
4. Place of Birth, (Street and Number) *41 Holland St.*  
5. Full Name of Mother, *Sammie Schulz*  
6. Mother's Maiden Name, *Phillips*  
7. Mother's Birthplace, *Baltimore Md*  
8. Full Name of Father, *Ernest Schulz*  
9. Father's Occupation, *Trimmer*  
10. Father's Birthplace, *Baltimore Md*  
Name of Medical Attendant, *or other Person who makes this Return.*  
*Madame Colling*  
Address, *48 Hollander St*  
Remarks,



**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 9, 1890*
4. Place of Birth (Street and Number) *Pratt St. 742 Baltimore*
5. Full Name of Mother *Margery Higgins*
6. Mother's Maiden Name *Margery Tollen*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Francis Higgins*
9. Father's Occupation *Machinist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. J. L. Lutz*
- Address *792 Pratt St.*
- Remarks *Mrs. Caroline Lutz*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register in forenoon, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 9<sup>th</sup> 1880

4. Place of Birth (Street and Number)

106 N. Gay St.

5. Full Name of Mother

Cevella C. Gorsuch.

6. Mother's Maiden Name

Cevella C. Fulk.

7. Mother's Birthplace

Buckley Co. Va.

8. Full Name of Father

David A. Gorsuch.

9. Father's Occupation

Merchant.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

John P. Powell, M.D.  
227 Cantonment Ave.

Remarks

Child Healthy

within the City of Baltimore, shall report to the registrar aforesaid, stating distinctly the date of birth, sex, and color of the child or children, physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

426118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

27

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

White  
9th

3. Date of Birth

4. Place of Birth (Street and Number)

20 N Front St.

5. Full Name of Mother

Laura J Connor  
Gardner

6. Mother's Maiden Name

7. Mother's Birthplace

Penn

8. Full Name of Father

Denis Connor  
Shoe Trade

9. Father's Occupation

10. Father's Birthplace

Baltimore, Co

Name of Medical Attendant, or other Person who makes this Return.

E. H. Rutter  
151. Chesapeake St

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

426579

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 9th 1880

4. Place of Birth (Street and Number) No. 3, Essex st

5. Full Name of Mother Henrietta Kalkhoff

6. Mother's Maiden Name Jo

7. Mother's Birthplace Germany

8. Full Name of Father Friedrich Kalkhoff

9. Father's Occupation Ironworker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Thomas P. Evans M.D.

Address 22 Jackson Place

Remarks Gal. M. G.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

9th Oct

4. Place of Birth (Street and Number)

188 Sterling St

5. Full Name of Mother

Rebecca Ann Hamilton

6. Mother's Maiden Name

Rebecca Ann Hamilton

7. Mother's Birthplace

New York

8. Full Name of Father

James S. Hamilton

9. Father's Occupation

Physician

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Wesley Woodson, 330 Reginald St

Address

One more Voter for the 8th Ward

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *October 9th 1880*
4. Place of Birth, (Street and Number) *# 34 King St*
5. Full Name of Mother, *Ligia Ann Elizabeth Clark*
6. Mother's Maiden Name, *" " " "*
7. Mother's Birthplace, *Salisbury, Maryland*
8. Full Name of Father, *Stephen Alexander Clark*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Salisbury, Md*
- Name of Medical Attendant, *Dr. B. C. Beck*  
or other Person who makes this Return.
- Address, *# 101 S. Sharp St*
- Remarks, *" " " "*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42632

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 6th 1880.*
4. Place of Birth, (Street and Number) *# 198 Sharp St*
5. Full Name of Mother, *Mary E. Bourne.*
6. Mother's Maiden Name, *" Brown -*
7. Mother's Birthplace, *Baltimore City - Md.*
8. Full Name of Father, *Charles Bourne.*
9. Father's Occupation, *Freight-packer -*
10. Father's Birthplace, *Baltimore City - Md.*
- Name of Medical Attendant, *Dr. Becc. M.D.*  
or other Person who makes this Return.
- Address, *# 161 So Sharp St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112653  
1126511

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 or 4<sup>th</sup> Child born twins.  
2 Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 9<sup>th</sup> 1880  
No 107 Henrietta St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Becker  
Johns.

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
William Becker

8. Full Name of Father,

9. Father's Occupation,

Laborer  
Germany.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaasser midwife  
330 Hanover St.

Address,

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

149655

HEALTH DEPARTMENT  
OCT 1 1899  
BALTIMORE.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 11 1880
4. Place of Birth, (Street and Number) Bearss Street
5. Full Name of Mother Maria Givens
6. Mother's Maiden Name Maria Cobell
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Givens
9. Father's Occupation Labor
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Margie Ettel
- Address W. B. L. L. L. L. Street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, sending distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112656

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ninth  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 9-1880

4. Place of Birth, (Street and Number)

No 490 E Chase St

5. Full Name of Mother,

Amanda E. Noyes

6. Mother's Maiden Name,

Amanda E. Cornelius

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

David Noyes

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 Mc Donagh st

Remarks,

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# **RETURN OF A BIRTH.**

112657

**To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.**



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 40<sup>th</sup> child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 9<sup>th</sup> 1880
4. Place of Birth (Street and Number) 176 Mt Royal Ave
5. Full Name of Mother Josephine Fuller
6. Mother's Maiden Name Josephine Walker
7. Mother's Birthplace Beaufort So Ca
8. Full Name of Father Dr Robert Means Fuller
9. Father's Occupation Clerk
10. Father's Birthplace Beaufort So Ca
- Name of Medical Attendant, or other Person who makes this Return. Edmund D. Walker
- Address 183 Linden Ave
- Remarks L.O.A.

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112658

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10.*
1. Sex, (state whether male or female) *Boie*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10 Oct.*
4. Place of Birth, (Street and Number) *24 West St.*
5. Full Name of Mother, *Kristine Schlut*
6. Mother's Maiden Name, *" Dragli*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *John Schlut*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Konrad*
- Address, *20 Barnes St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1  
female  
Colord  
October 9<sup>th</sup> 1880  
1412 York st  
Hattie Taylor  
Hattie Benson  
Baltimore  
Washington Taylor  
Sailor  
Virginia  
Maryann Daney  
64 Clow Lane  
freedomer

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

42660

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 10 1880

4. Place of Birth (Street and Number)

213

No 213 German Street

5. Full Name of Mother

2nd

Lena Cules

6. Mother's Maiden Name

Lena Newburger

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles

Charles Cules

9. Father's Occupation

Merchant

10. Father's Birthplace

Cincinnati

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. M. Suter

Address

8 W. Eutan Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
Oct 10 1880  
40 Argyle Ave  
Lama E. Williamson  
Miller  
Maryland  
Robert A. Williamson  
Printer  
Maryland  
Thomas Opie M.D.  
581 Lexington St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

42662

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth October the 10 1880

4. Place of Birth, (Street and Number) 124 Thacker St

5. Full Name of Mother Sophia Crownfield

6. Mother's Maiden Name Sophia King

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Crownfield

9. Father's Occupation Lawyer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Messenger

Address 345 Penna St

Remarks

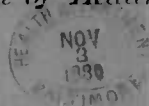


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112663

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 10th 1880

4. Place of Birth, (Street and Number)

25 South Poplar St. Baltimore

5. Full Name of Mother,

Mary H. Holton

6. Mother's Maiden Name,

W. C. C. W. C. C.

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Thomas H. Holton

9. Father's Occupation,

(Sister of the Star Church)

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. L. Leman

Address,

435 W. McHenry St.

Remarks,

Fine healthy child

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

87

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct. 10. 1880

4. Place of Birth, (Street and Number)

Burk St. No. 44

5. Full Name of Mother

Margaretta Brack

6. Mother's Maiden Name

Brack

7. Mother's Birthplace

Berlin

8. Full Name of Father

John Brack

9. Father's Occupation

Farmer

10. Father's Birthplace

Berlin

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Brack

Address

St. John's Hall

Remarks

Wm. J. Brack



42665

HEALTH DEPARTMENT  
OCT 12 1930  
BALTIMORE.

**rect Record of Vital Statistics in the City of Baltimore.**

- That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

142666

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d ✓

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 18th 1890

4. Place of Birth (Street and Number) 65 South Street

5. Full Name of Mother Anne Mary Brown

6. Mother's Maiden Name Steigwald

7. Mother's Birthplace Baltimore

8. Full Name of Father Albert Lee Brown

9. Father's Occupation Salesman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. J. H. S. S. S.

Address 65 South Street

Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 10 / 80
4. Place of Birth (Street and Number) 572 Monument St
5. Full Name of Mother Mary C Chapman
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Cum gratia Md
8. Full Name of Father Jas M Chapman
9. Father's Occupation Conductor B & O R
10. Father's Birthplace Michigan
- Name of Medical Attendant, or other Person who makes this Return. W. K. [unclear]
- Address W. Fayette [unclear]
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, his or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

142665

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 10 1880

4. Place of Birth, (Street and Number)

138 N. Bond St

5. Full Name of Mother,

Mary D. Sturgeon

6. Mother's Maiden Name,

Graces

7. Mother's Birthplace,

Cecil Co. Md.

8. Full Name of Father,

James D. Sturgeon

9. Father's Occupation,

Freight Agent

10. Father's Birthplace,

Cecil Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

W. H. White M.D.

Address,

347 N. Broadway

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*Colored*

3. Date of Birth

*October 10th. 1880*

4. Place of Birth (Street and Number)

*147 Pyram H.*

5. Full Name of Mother

*Martha Simpson*

6. Mother's Maiden Name

*" Cook*

7. Mother's Birthplace

*Baltimore City*

8. Full Name of Father

*Emanuel Simpson*

9. Father's Occupation

*Porter*

10. Father's Birthplace

*Carroll Co. Md.*

Name of Medical Attendant, or other Person who makes this Return.

*W. H. Thompson, M.D.*

Address

*41 W. Chase St.*

Remarks

*The child is well developed and apparently healthy.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113670

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

10 October

4. Place of Birth, (Street and Number)

70 S Bond

5. Full Name of Mother,

Ellen Ticker

6. Mother's Maiden Name,

Haise

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Wm Ticker

9. Father's Occupation,

Workman

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Casper

Address,

52 E Lombard

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

142671

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st born

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

October 1880

4. Place of Birth, (Street and Number)

Howard Street 276.

5. Full Name of Mother,

Martha Angel

6. Mother's Maiden Name,

Martha Walker

7. Mother's Birthplace,

Eastern Shore Md.

8. Full Name of Father,

Alfred Walker

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Eastern Shore Md.

Name of Medical Attendant, or other Person who makes this Return

The mother Anne Johnson

Address,

201 N. 1st St. Baltimore

Remarks,

E. T. H.

# RETURN OF A BIRTH

42672

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 169 O. wolf street
5. Full Name of Mother, Susan A Porter Collier
6. Mother's Maiden Name, Susan A Porter
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, William H Collier
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs Mary C Ginn
- Address, 171 South Washington street
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOV 17 1880 3-17-52  
RETURN OF A BIRTH 42673

To the Office of Registrar of Vital Statistics, Board of HEALTH DEPARTMENT

BALTIMORE CITY.

Margaret Aufforth



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 10<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 345 Easton Avenue or East St

5. Full Name of Mother, Elizabeth Aufforth

6. Mother's Maiden Name, Elizabeth Aufforth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Aufforth

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Mary E. Dennis

Address, 171 South Washington St

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 10<sup>th</sup> 1890*

4. Place of Birth, (Street and Number) *179 Madison ally*

5. Full Name of Mother *Annie Cook Friend*

6. Mother's Maiden Name, *Annie Cook*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Friend*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs Mary E. Lewis*

Address, *171 South Washington street*

Remarks,

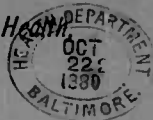
For every birth, or one occurring within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

142675

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth October 10<sup>th</sup> 1880
4. Place of Birth (Street and Number) N. 342 Saratoga
5. Full Name of Mother Kannah Kratzke
6. Mother's Maiden Name Brunner
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Sam. Fred. Kratzke
9. Father's Occupation Cigar & manufacturer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Henry Salzer
- Address 163 W. Lombard St.
- Remarks

# RETURN OF A BIRTH

113676

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, of a child, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
2. Sex, (state whether male or female). *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Oct. 10. 1880*
5. Place of Birth, (Street and Number) *326 E. Pratt*
6. Full Name of Mother, *Augusta Roach*
7. Mother's Maiden Name, *Ely*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Josiah Josiah Roach*
10. Father's Occupation, *Fruit Dealer*
11. Father's Birthplace, *Balt.*
12. Name of Medical Attendant, or other Person who makes this Return. *Dr. E. W. Mansfield*
13. Address, *117 D Broadway*
14. Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 10<sup>th</sup> 1880
4. Place of Birth, (Street and Number) No. 148 N. Carrollton Ave.
5. Full Name of Mother Ella M. Wylie
6. Mother's Maiden Name Finley
7. Mother's Birthplace Philadelphia Penna.
8. Full Name of Father George M. Wylie
9. Father's Occupation Dyer
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Samuel T. Knight M.D.
- Address 112 N. Greene St.
- Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *October 10 1880*

4. Place of Birth (Street and Number) *24 cannon st*

5. Full Name of Mother *Lenna Stone*

6. Mother's Maiden Name *Lenna Ora*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Jacob Stone*

9. Father's Occupation *carriage maker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*

Address *65 Burke St*

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 11<sup>th</sup> of Oct. 1880

4. Place of Birth, (Street and Number) 350 Gay St. Balt.

5. Full Name of Mother Richard D. Garbner

6. Mother's Maiden Name W. Ellis

7. Mother's Birthplace Balt. City

8. Full Name of Father Henry D. Garbner

9. Father's Occupation Haymaker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. H. H.

Address 125 N. Caroline

Remarks Balt. City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Oct 10th 11-50 A.M.

4. Place of Birth (Street and Number) Bond st no 276

5. Full Name of Mother Mary E. Rinkhart

6. Mother's Maiden Name Mary Jane Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Rinkhart

9. Father's Occupation Fruit Packer

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Grooms

Address 466 North Gay st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Oct 10th 20th of 12 28th

4. Place of Birth (Street and Number) Bond st no 232

5. Full Name of Mother Mary Perce

6. Mother's Maiden Name Mary Perce

7. Mother's Birthplace Balti

8. Full Name of Father George Perce

9. Father's Occupation Teacher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lulu Grooms

Address 466 North gay st Bal -

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42682

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 10 - 1880

4. Place of Birth, (Street and Number)

Esplanade 1 door S of Jefferson

5. Full Name of Mother,

Ann M. Maier

6. Mother's Maiden Name,

Ann M. Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John F. Maier

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 W. Donagh

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42683

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 10<sup>th</sup> 80

4. Place of Birth, (Street and Number)

Sharp St. 204

5. Full Name of Mother,

Elsbeth Lehnhardt

6. Mother's Maiden Name,

Gammely.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Michael Lehnhardt

9. Father's Occupation,

Shipping Clerk

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Mary Broth

Address,

4328 S. Eutan St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

426811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 10th. 1880*
4. Place of Birth, (Street and Number) *London. To. No. 366.*
5. Full Name of Mother, *Jora Neilson*
6. Mother's Maiden Name, *Eora Mohr*
7. Mother's Birthplace, *Baldy City*
8. Full Name of Father, *Niclaus Neilson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baldy City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *No. Dallas St. 17 24*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White

3. Date of Birth:

Oct. 11<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

Maternity 161 W. Lombard St.

5. Full Name of Mother

Jessie Hayden

6. Mother's Maiden Name

Jessie Corneff.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

John Hayden

9. Father's Occupation

Workman on a farm.

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.

Address

Maternity Hospital

Remarks

161 W. Lombard St.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42686

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 11<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 164 S Caroline st

5. Full Name of Mother, Magdalena Warner

6. Mother's Maiden Name, " Steinger

7. Mother's Birthplace, City

8. Full Name of Father, John Warner

9. Father's Occupation, Cooper

10. Father's Birthplace, Person any

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bots  
120 Bank str

Address,

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 112687

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

92  
Male  
White  
Oct 11 1880  
87 Fort Avenue  
Jennie Johnston  
Jennie Kellough  
City  
George Johnston  
Conductor B.O. & N  
City of London  
R.B. Noble M  
17 Stamen av

"First day of 'Serqui Centennial' at 7-15"  
P.M. Just as the Parade began to form" but  
I could not exhibit it in the line.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



42688

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 11th. 1880.

4. Place of Birth, (Street and Number) No 180. Wolf Street.

5. Full Name of Mother Alice Soder

6. Mother's Maiden Name Alice Angle

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Soder

9. Father's Occupation Labourer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mar. M. J. Butt.

Address No 185 L.E. cor. Central av. & Monument St.

Remarks Born 2 o'clock in the Morning & died with a smother  
on the heart at 3 o'clock in the Evening.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42689

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



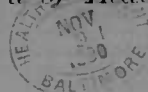
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 11 1880
4. Place of Birth (Street and Number) 462 Freeman
5. Full Name of Mother Josephine Maryman
6. Mother's Maiden Name Maryman
7. Mother's Birthplace Balt Co
8. Full Name of Father Chas J Foxworth
9. Father's Occupation Carpenter
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. C. Murrell
- Address 23 McCulloch St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42690

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, The 11 October 1880

4. Place of Birth, (Street and Number) Balt Little pine St No 10

5. Full Name of Mother, Ellen McLain

6. Mother's Maiden Name,

7. Mother's Birthplace, Petersburg va.

8. Full Name of Father, Samuel McLain

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address, 83 Oxford St

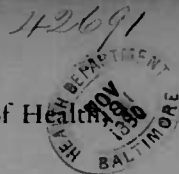
Remarks,

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child,*  
 1. Sex (state whether Male or Female) *Male,*  
 2. Race or Color (if not of the white race) *Dollard*  
 3. Date of Birth *October 11, 1880,*  
 4. Place of Birth (Street and Number) *West 8 Baltimore City West St. No 154,*  
 5. Full Name of Mother *Emily Jane Campfer,*  
 6. Mother's Maiden Name  
 7. Mother's Birthplace *Cambridge Md.,*  
 8. Full Name of Father *Frank Roberts,*  
 9. Father's Occupation *Shucking Oysters,*  
 10. Father's Birthplace *Salisbury Va.*  
 Name of Medical Attendant, or other Person who makes this return *Dionia Campfer,*  
 Address *West St 154*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42692

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 October

4. Place of Birth, (Street and Number)

115 E Lombard

5. Full Name of Mother,

Margi Ostreicher

6. Mother's Maiden Name,

Henrich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Ostreicher

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sarah Cassier

Address,

115 E Lombard

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112693

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



32

Female

Colore

11th

Raborg St. No. 206 Baltimore

Rachel Ella Sevoy

Sarah Hebrew

Baltimore St. Baltimore

John Sevoy

White-Machine

Long Alley Baltimore

Hebrew 206 Raborg St.

Sarah

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42694

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3<sup>44</sup>
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth October 11<sup>th</sup> 1880
4. Place of Birth (Street and Number) N<sup>o</sup> 429 R. Gilman St
5. Full Name of Mother Anna Wenk
6. Mother's Maiden Name Anna Hoffmann
7. Mother's Birthplace Balt<sup>o</sup> Md
8. Full Name of Father Samuel E. Wenk
9. Father's Occupation commission merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. M. Salter
- Address 163 W Lombard st
- Remarks



Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42695

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th  
Female  
Colored

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 11th 1880

4. Place of Birth, (Street and Number)

255 E Monument St

5. Full Name of Mother,

Matilda Germanish

6. Mother's Maiden Name,

Matilda Gibbs

7. Mother's Birthplace,

Balto -

8. Full Name of Father,

Wm Germanish

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Saml A Powell M.D.  
No 29 Inspectors St

Address,

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first One Girl*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Race of Color*
3. Date of Birth *born the 11 of October*
4. Place of Birth (Street and Number) *Baltimore Dover St 26*
5. Full Name of Mother *Hanney Handay*
6. Mother's Maiden Name
7. Mother's Birthplace *Thent County MD*
8. Full Name of Father *Ernest Coons*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Galbert East Shore MD*
- Name of Medical Attendant, or other Person who makes this Return. *Many Penrose*
- Address
- Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 11, 1890*
4. Place of Birth (Street and Number) *Larrish st No 26 Baltimore*
5. Full Name of Mother *Louisa Fullencamp*
6. Mother's Maiden Name *Louisa McCarthy*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Th Fullencamp*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs S Salinger*
- Address *192 Pratt st*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42698

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 October

4. Place of Birth, (Street and Number)

28 N. E. 1st St.

5. Full Name of Mother,

Bridget Collins

6. Mother's Maiden Name,

Mr. Donal

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Collins

9. Father's Occupation,

waiter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sara Barker

Address,

52 C. Lombard

Remarks,

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42699

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*

1. Sex (state whether male or female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *october 11 1880*

4. Place of Birth (Street and Number) *chapin st*

5. Full Name of Mother *mary knox*

6. Mother's Maiden Name *mary glin*

7. Mother's Birthplace *baltimore city*

8. Full Name of Father *richard knox*

9. Father's Occupation *laborer*

10. Father's Birthplace *baltimore city*

Name of Medical Attendant, or other Person who makes this Return. *Wachlan n garrett*

Address *65 burke st*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42700

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 11-1880

4. Place of Birth (Street and Number)

No

N. Boundary Avenue

5. Full Name of Mother

Louisa

Beaver

6. Mother's Maiden Name

Louisa

Brown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Beaver

9. Father's Occupation

Cyprian Pastor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Henry P. P. Yeates M.D.

Address

137 N. E. Ave.

Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the  
name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *Oct 11 1880*



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *7th*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Oct 11 1880*

4. Place of Birth, (Street and Number) *8 Castle Street*

5. Full Name of Mother *Lizzie Schroeder*

6. Mother's Maiden Name *Lizzie Wagner*

7. Mother's Birthplace *Germany*

8. Full Name of Father *John Schroeder*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs. Mary Spence*

Address *137 South Wolfe Street*

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (~~state whether male or female~~)
  2. Race or Color (~~if not of the white race~~)
  3. Date of Birth 10. 11. 80.
  4. Place of Birth (Street and Number) 59 Pine St
  5. Full Name of Mother Lena Steinhauf
  6. Mother's Maiden Name Kaiser
  7. Mother's Birthplace Polio
  8. Full Name of Father Henry Steinhauf
  9. Father's Occupation Boatman
  10. Father's Birthplace Polio
- Name of Medical Attendant, or other Person who makes this Return. Wm. Eastman
- Address 349 East
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The second daughter of the father*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Monday October 11*
4. Place of Birth (Street and Number) *Highway St 244*
5. Full Name of Mother *Lara Wilson*
6. Mother's Maiden Name *Lara Hunter*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Harry Wilson*
9. Father's Occupation *Ex. Sec. Inspector*
10. Father's Birthplace *Ex. t. island*
- Name of Medical Attendant, or other Person who makes this Return *Christina Wilson*
- Address
- Remarks

1127011

HEALTH DEPARTMENT  
OCT 14 1280  
BALTIMORE

.....

2

10. *Father's Birthplace, Afghanistan*

Her E. 1000 1/2 N. 52.5. 1000 1/2

concentrated in the 1970s and 1980s, but are still substantial and, to a lesser

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

11 day of October

4. Place of Birth, (Street and Number)

Baltimore 49 Cambridge St

5. Full Name of Mother,

Mary Elizabeth Belmann

6. Mother's Maiden Name,

Mary Elizabeth Harrington

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Fredrick William Belmann

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Mrs. F. J. Wiley

Address,

No 12 Patterson

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

112706

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 11 October
4. Place of Birth, (Street and Number) 4 Cuba Street
5. Full Name of Mother Mary McGuire
6. Mother's Maiden Name Mary Fitzgerald
7. Mother's Birthplace Ireland
8. Full Name of Father Michael McGuire
9. Father's Occupation Barkeeper
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Maggie E. McEl
- Address No 13 Cuba Street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth *October 11th 1880*  
 4. Place of Birth, (Street and Number) *No 104 Monument St.*  
 5. Full Name of Mother *Barbara Burk*  
 6. Mother's Maiden Name *Burn*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Edward Burk*  
 9. Father's Occupation *Hostler*  
 10. Father's Birthplace *Pennsylvania*  
 Name of Medical Attendant or other Person who makes this Return. *Mrs M. A. Butt.*  
 Address *No 185 S.E. Cor. Central av & Monument St.*  
 Remarks *All Well*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maternal name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 11th October 80
4. Place of Birth, (Street and Number) #293 Hamburg St
5. Full Name of Mother Mary Carrigan
6. Mother's Maiden Name Dorschell
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Carrigan
9. Father's Occupation Trimmer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Hook
- Address 328 S Eutan St
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether Male or Female)  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *11 October*  
4. Place of Birth (Street and Number) *301 Mc Elmore St.*  
5. Full Name of Mother *Catharina Feloner*  
6. Mother's Maiden Name *Catharina Groh*  
7. Mother's Birthplace *Stornborg*  
8. Full Name of Father *Caspar Feloner*  
9. Father's Occupation *Butcher*  
10. Father's Birthplace *Cassel*  
Name of Medical Attendant, or other Person who makes this return *Mr. Renate B. Glensco*  
Address *Mc Elmore St. 801*  
Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112710

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 October
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 11 October
4. Place of Birth (Street and Number) Radison Street 133
5. Full Name of Mother Aleria M. Leun
6. Mother's Maiden Name Olivia White
7. Mother's Birthplace Baltimore
8. Full Name of Father William M. Leun
9. Father's Occupation hatterman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Gref
- Address 13. Hollins
- Remarks no remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

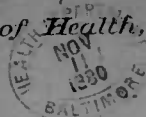


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Oct. 11. 1880*  
4. Place of Birth, (Street and Number) *N.E. cor Fayette & Pine St*  
5. Full Name of Mother, *Sophia C. Stein*  
6. Mother's Maiden Name, *Sophia C. Remoser*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Chas. H. Stein*  
9. Father's Occupation, *Cigar Manufacturer*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Dammale*  
Address, *No 60 North Schroeder*  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male  
White Race  
11 Oct 1880  
68 N. Arlington St  
Lena Augusta Es Covill  
" " Lautensack  
German  
Charles Arthur Covill  
Baker  
England  
162 Sumner

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42713

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

Black child but white mother

3. Date of Birth

Oct. 12<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

Maternity, 161 W. Lombard St.

5. Full Name of Mother

Mollie Morton.

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Virginia

8. Full Name of Father

Unknown.

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free, M.D.

Address

Maternity Hospital

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female).

Male.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

Oct. 12<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

Maternity, 161 W. Lombard St.

5. Full Name of Mother

Emma Hardin.

6. Mother's Maiden Name

Savannah, Ga.

7. Mother's Birthplace

Unknown.

8. Full Name of Father

"

9. Father's Occupation

10. Father's Birthplace

Spencer M. Free, M.D.  
Hospital  
161 W. Lombard St.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42715

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 12<sup>th</sup> 1880.

4. Place of Birth (Street and Number)

Maternity, 161 W. Lombard St.

5. Full Name of Mother

Letty Sedgeman.

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Virginia.

8. Full Name of Father

Unknown.

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free, M. D.

Address

Hospital

Remarks

101 W. Lombard St.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

72716

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1st*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct. 12th 1890*  
 4. Place of Birth (Street and Number) *428 Orleans St.*  
 5. Full Name of Mother *Emily Francis Bowen*  
 6. Mother's Maiden Name *Keitz*  
 7. Mother's Birthplace *Tolbut Co. Md.*  
 8. Full Name of Father  *Jesse James Bowen*  
 9. Father's Occupation *Tailor*  
 10. Father's Birthplace *Palvert Co. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *E. P. Evans M.D.*  
 Address *\* 406 C. Balt. St.*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 112717

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Italian

3. Date of Birth 12 Oct 1880

4. Place of Birth, (Street and Number) No 3 Paris Street

5. Full Name of Mother Henrietta Cole

6. Mother's Maiden Name Key

7. Mother's Birthplace Western Virginia

8. Full Name of Father Charles Cole

9. Father's Occupation Labour

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Dr. Porter Williams

Address 70 Penn St

Remarks Mother had child at school



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42718

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

12 Oct 1880

4. Place of Birth (Street and Number)

#927, W 2d St

5. Full Name of Mother

Della Day Boyer

6. Mother's Maiden Name

Della Day

7. Mother's Birthplace

245

8. Full Name of Father

Geo T Boyer

9. Father's Occupation

Merchant

10. Father's Birthplace

Mo

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Geo H. Spahr  
1 Waverly Terrace

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 12 1880

4. Place of Birth (Street and Number) Division #1

5. Full Name of Mother Barbara Kelly

6. Mother's Maiden Name Barbara Gumpman

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo Kelly

9. Father's Occupation Car Conductor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. C. Pale M.D.

Address No 1 W. Boundary Ave

Remarks Left Occiput & Iliac Crest Position  
Complicates with Head Presentation

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~first~~ 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Third  
Female  
White  
Oct 12<sup>th</sup> 1886  
364 N Eritan St  
Annapolis Md  
McAfee  
Baltimore  
Charles W. Mitchell  
Runner & Asst Book Keeper Citizens Bank  
Baltimore  
Elias C Price M.D.  
262 Madison Ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>  
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 12/80

4. Place of Birth, (Street and Number)

477 Hollands St

5. Full Name of Mother,

Jennie Kitzel

6. Mother's Maiden Name,

Carlton

7. Mother's Birthplace,

Washington - D.C.

8. Full Name of Father,

Chas. A. Kitzel

9. Father's Occupation,

Broom-maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edward F. Menden

Address,

1334 G. & W. St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42723

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 12th 1880*
4. Place of Birth (Street and Number) *391 Druid Hill Ave*
5. Full Name of Mother *Rachel Kelly*
6. Mother's Maiden Name *Rachel Cooper*
7. Mother's Birthplace *Baltimore, City*
8. Full Name of Father *Wesley Kelly*
9. Father's Occupation *Porter*
10. Father's Birthplace *Carroll County, M. D.*
- Name of Medical Attendant, or other Person who made this return *Hepler, Boardman M. D.*
- Address *85 Orchard Street*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 42723

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 12<sup>th</sup> 1881
4. Place of Birth, (Street and Number) 211. Carey St.
5. Full Name of Mother Isaac Connelly
6. Mother's Maiden Name Cropper
7. Mother's Birthplace Balto.
8. Full Name of Father William Connelly
9. Father's Occupation Can. Maker
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. George A. Lohmeyer
- Address 185 L. & S. St.
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th October 1880

4. Place of Birth, (Street and Number)

No. 51 Goatman, Md.

5. Full Name of Mother,

Hellen Seenerot

6. Mother's Maiden Name,

Hellen Stenier

7. Mother's Birthplace,

New York

8. Full Name of Father,

William Seenerot

9. Father's Occupation,

Sailor

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

Edina Gustafson

Address,

No 128 West St 1880

Remarks,

At any time, before the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Person*

# RETURN OF A BIRTH

112725

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Cherks of Wm. Richard. Second*
3. Date of Birth, *Oct 19 1880*
4. Place of Birth, (Street and Number) *Hughes St No 197*
5. Full Name of Mother, *Metta Wilson*
6. Mother's Maiden Name, *Metta Ware*
7. Mother's Birthplace, *Eastern County Md.*
8. Full Name of Father, *James Wilson*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, *Anne Johnson*  
or other Person who makes this Return.
- Address, *80 Plum St*
- Remarks,



# RETURN OF A BIRTH.

4-2726

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*  
(state whether Male or Female) *Male*  
Race or Color (if not of the white race) *The White Race*  
Date of Birth *The 19th day of October*  
Place of Birth (Street and Number) *Lombard Street number 387*  
Name of Mother *Laura Emma Robbins*  
Mother's Maiden Name *Thomas*  
Mother's Birthplace *Dorchester County*  
Name of Father *Samuel Washington Robbins*  
Father's Occupation *Commission Merchant*  
Father's Birthplace *Dorchester County*  
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Lathaine Drake*  
Address *1016 South Charles St*  
Remarks *Line White*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42727

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Kind*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 12<sup>ten</sup> Oktober*
4. Place of Birth, (Street and Number) *N<sup>o</sup> 288 Bond Str.*
5. Full Name of Mother, *Mary Kammiling*
6. Mother's Maiden Name, *Mary Wolf*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Friederich Kammiling*
9. Father's Occupation, *Handwerker*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Kaufmann*
- Address, *N<sup>o</sup> 19<sup>th</sup> S. Dallas Str.*
- Remarks, *Hennie*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112728

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

*Bernhardt Schorr*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*



1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 12<sup>th</sup> 1880.*

4. Place of Birth, (Street and Number) *# 32 East Monument St.*

5. Full Name of Mother *Anna Schorr*

6. Mother's Maiden Name *Anna Kress*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Fred H. K. Schorr*

9. Father's Occupation *Crozier*

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. H. H.*

Address *# 18 E Monument St.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

13729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

October 12<sup>th</sup>

4. Place of Birth, (Street and Number)

66 East St.

5. Full Name of Mother

Sarah Caroline Jones

6. Mother's Maiden Name

Sarah M. Myers

7. Mother's Birthplace

Sumner County Md.

8. Full Name of Father

Samuel Richardson

9. Father's Occupation

Laborer.

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Sophie Hines

Address

135 Chesnut St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1127.30

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 12<sup>th</sup> 1886

4. Place of Birth, (Street and Number)

178 N. Lombard

5. Full Name of Mother,

Mary Rosenthal

6. Mother's Maiden Name,

" Singer

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Henry Rosenthal

9. Father's Occupation,

Electrician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. S. Smith

Address,

195 S. Howard

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112731

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

Oct 12 1880



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Caucas*
3. Date of Birth *Oct 12 1880*
4. Place of Birth (Street and Number) *No 7 Claird Alley*
5. Full Name of Mother *Anny Gallins*
6. Mother's Maiden Name *Anny Pierrell*
7. Mother's Birthplace *Snow Hill Worcester Co. Md*
8. Full Name of Father *William Gallins*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Accomack Co. Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mary S Dennis mid wife*
- Address *No 21 Deuch Alley*
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of nativity, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct 12 1880

4. Place of Birth, (Street and Number) 25 Pratt st

5. Full Name of Mother Emma K. Conner

6. Mother's Maiden Name Emma K. Pritchard

7. Mother's Birthplace Baltimore

8. Full Name of Father James K. Conner

9. Father's Occupation stone cutter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. May Conner 159

Address Collington Avenue

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

2142/33

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

sur, midwife, or other person in charge, who shall attend, assist or advise  
City of Baltimore, shall report to the registrar aforesaid, within six days  
e of birth, sex, and color of the child or children born, its or their physical  
not, the full name, nativity, and residence of the parents, and the maiden  
or children.

# RETURN OF A BIRTH.

427B4

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

1st of October

4. Place of Birth (Street and Number)

1711 Hamilton

5. Full Name of Mother

Ann B. Robinson

6. Mother's Maiden Name

" " Robinson

7. Mother's Birthplace

W. Va.

8. Full Name of Father

John J. Robinson



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1127B4

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



1st  
Male  
White  
12th Oct 1893  
37 Bennett St  
Sarah E. Robinson  
" " Benjamin  
New York  
Rich. J. Robinson  
North East  
Carpenter  
Mrs. Carkey

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112735

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 12<sup>th</sup>*  
 4. Place of Birth (Street and Number) *83 German Street*  
 5. Full Name of Mother *Lina Bertholdt*  
 6. Mother's Maiden Name *" Schneider*  
 7. Mother's Birthplace *Philadelphia Pa*  
 8. Full Name of Father *Fredrick Bertholdt*  
 9. Father's Occupation *Jeweler*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. J. B. Dabney*  
 Address *No 26. N. Broadway Baltimore*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *October 12th. 1880.*
4. Place of Birth, (Street and Number) *No 172. Chestnut St.*
5. Full Name of Mother *Mary Weller*
6. Mother's Maiden Name *Mary Rebel*
7. Mother's Birthplace *Kulmbessen Germany*
8. Full Name of Father *John Weller*
9. Father's Occupation *Barber*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. A. Bull*
- Address *No 185 S.E. cor. Central av & Monument St.*
- Remarks *All Well*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 112781

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female
  2. Race or Color, (if not of the white race) white
  3. Date of Birth Born on the 12 of Oct 1880
  4. Place of Birth, (Street and Number) 1 Edison Alley
  5. Full Name of Mother Lizzie C. Schmidt
  6. Mother's Maiden Name
  7. Mother's Birthplace Born in Sachsen Germany
  8. Full Name of Father Joseph C. Schmidt
  9. Father's Occupation Shoe-Maker
  10. Father's Birthplace Born in Bavaria Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Miller
- Address 1017 N. Pratt St.
- Remarks

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *1*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Oct 12<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *No. 19 Winter Street*
5. Full Name of Mother *Marriet Jones*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Baltimore City, Md.*
8. Full Name of Father *John H. Jones*
9. Father's Occupation *labor*
10. Father's Birthplace *Barfoot Va.*
- Name of Medical Attendant, or other Person who makes this Return *Mary G. Dennis mid wife*
- Address *12 21 Birch Alley*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42739

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 12 "

4. Place of Birth (Street and Number)

University Hospital

5. Full Name of Mother

Mary Little

6. Mother's Maiden Name

Mary Little

7. Mother's Birthplace

City

8. Full Name of Father

Charles Simpson

9. Father's Occupation

not known

10. Father's Birthplace

Tollat County, Ind

Name of Medical Attendant, or other Person who makes this Return.

Dr. West

Address

University Hospital

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st & 2*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *the 12 of Sep*

4. Place of Birth, (Street and Number) *No 216 Green St*

5. Full Name of Mother *Mary Adelphi*

6. Mother's Maiden Name *Mary Lauer*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Frank Frank Lauer*

9. Father's Occupation *Business*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who made this Return. *Lustina Lauer*

Address *172 Harper St*

Remarks *200*

# rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other person, who shall be present at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date and hour of birth, its sex, its or their physical condition, whether still born or born alive, and the maiden name of the mother of the child,

4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

University Hospital  
Mary Little  
Mary Little  
City  
Charles Simpson  
not known  
Tollat County, Md  
West Md  
University Hospital

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 & 2

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth the 12 of Oct

4. Place of Birth, (Street and Number) No 216 Green St

5. Full Name of Mother Mary Adelphi

6. Mother's Maiden Name Mary Lauer

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Frank Lauer

9. Father's Occupation Business

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who attended this birth. Lustina Lauer

Address 192 Harper St

Remarks 50

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(Twins) 1st Confinement*  
 1. Sex, (state whether male or female) *both males, one stillborn*  
 2. Race or Color, (if not of the white race) *white*  
 3. Date of Birth, *Oct 13<sup>th</sup> 80*  
 4. Place of Birth, (Street and Number) *Fulton Avenue*  
 5. Full Name of Mother, *Emma Staggins*  
 6. Mother's Maiden Name, *Emma Stead*  
 7. Mother's Birthplace, *Baltimore Md*  
 8. Full Name of Father, *Edward Staggins*  
 9. Father's Occupation, *Merchant*  
 10. Father's Birthplace, *Centerville Md*  
 Name of Medical Attendant, *W. H. Staggins*  
 Address, *1424 E. Lombard*  
 Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 17 Oct 1880 Emser St

4. Place of Birth, (Street and Number) No 93 Baltimore

5. Full Name of Mother Emma Turner

6. Mother's Maiden Name Emma Williams

7. Mother's Birthplace Baltimore

8. Full Name of Father Harley Tinsell

9. Father's Occupation Labour

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Foster

Address William 70 Chestnut St

Remarks Mother And Child doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

41

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 13. 1880

4. Place of Birth, (Street and Number)

28 Taylor St No 95

5. Full Name of Mother,

Mary Phil

6. Mother's Maiden Name,

Waller

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

David Phil

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Brown

Address,

28 Taylor St No 14

Remarks,

Am. M. P.

fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4  
Female

Oct 13 - 1880

151 S. Central Ave.

Elisabeth Diegraf

Matson

Richmond Va.

Henry Diegraf

Laborer

Baltimore Md

Mary Stein

151 E. Pratt

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 13<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

3 York St

5. Full Name of Mother,

Emma Mallin

6. Mother's Maiden Name,

" Thorden

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Jonathan Mallin

9. Father's Occupation,

Type Type Maker.

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. M. Davis

Address,

733 N. Ave. in St

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Male  
White  
Oct 13th  
10 112 West St  
Sarah E. Thomas  
" " Boonville  
Dorchester County  
Jm C. Thomas  
Pilot  
Talbot County  
J. Bonds Jr  
1st 1 Hanover St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) 1/2 Dutch

3. Date of Birth, 10/7 L. Exeter

4. Place of Birth, (Street and Number) Marie Maering

5. Full Name of Mother, Moldanaal

6. Mother's Maiden Name, Ireland

7. Mother's Birthplace, Vinn Maering

8. Full Name of Father, Workman

9. Father's Occupation, Ireland

10. Father's Birthplace, Ireland

Name of Medical Attendant, Mrs. Lora Casper  
or other Person who makes this Return.

Address, 52 E. Lombard

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42749

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 12 October
4. Place of Birth, (Street and Number) 54 Register
5. Full Name of Mother, Ani Wiesner
6. Mother's Maiden Name, Breannan
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Fred Wiesner
9. Father's Occupation, Painter
10. Father's Birthplace, Balt. Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper
- Address, 52 E. Lombard
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *12 October*
4. Place of Birth, (Street and Number) *25 C Fayette*
5. Full Name of Mother, *Mrs Eckhoff*
6. Mother's Maiden Name, *Henris*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Eckhoff*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sarah Casper*
- Address, *12 C Lombard*
- Remarks, \_\_\_\_\_

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, patently, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 13th 1880

4. Place of Birth, (Street and Number)

403 E. Howard Place

5. Full Name of Mother,

Mary E. Baker

6. Mother's Maiden Name,

Mary E. Whitely

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles E. Baker

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

W. B. Griffith

Address,

216 E. Howard St

Remarks,

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49759

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>  
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 13<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

Baltimore Col. 11<sup>th</sup> St. No. 244

5. Full Name of Mother

Ellen Schunzger

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

George Schunzger

9. Father's Occupation

Laborer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Mitchell

Address

No. 1410 Ramsey St.

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42753

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct-13-80
4. Place of Birth (Street and Number) 245 N. E. St
5. Full Name of Mother Mary Ann
6. Mother's Maiden Name Mark Harmon
7. Mother's Birthplace Baltimore
8. Full Name of Father Mark Harmon
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Brown
- Address 1110 N. E. St
- Remarks

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.



rect Record of Vital Statistics in the City of Baltimore.

That any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether Male or Female) *Female.*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Oct. 13.*  
 4. Place of Birth (Street and Number) *Chesapeake St. No. 60. Baltimore M.D.*  
 5. Full Name of Mother *Katilda Brownback.*  
 6. Mother's Maiden Name *Marshall*  
 7. Mother's Birthplace *Baltimore M.D.*  
 8. Full Name of Father *Walter Brownback.*  
 9. Father's Occupation *Housekeeper.*  
 10. Father's Birthplace *Pennsylvania.*  
 Name of Medical Attendant, or other Person who makes this Return. *H. A. Langport.*  
 Address *104. Gough St.*  
 Remarks *Mother and child staying with*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112755

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth October 13<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) # 10 South Gay Street.

5. Full Name of Mother Louella Mudgett.

6. Mother's Maiden Name Louella Barran.

7. Mother's Birthplace Germany.

8. Full Name of Father John Mudgett.

9. Father's Occupation Tailor.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return. Henry H. Geyer.

Address # 182 E. Main Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 13 October 1880
4. Place of Birth (Street and Number) 97 Block St
5. Full Name of Mother Mary Hudson
6. Mother's Maiden Name Mary Simmons
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hudson
9. Father's Occupation Boat Builder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address Name of the Child Mary Lizzie Hudson
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*  
 1. Sex (state whether Male or Female) *male Henry a. 02*  
 2. Race or Color (if not of the white race) *white 9/28/20*  
 3. Date of Birth *October 13th 1880*  
 4. Place of Birth (Street and Number) *11 Baltimore Street 437*  
 5. Full Name of Mother *Anna Germersoth*  
 6. Mother's Maiden Name *Anna Peter*  
 7. Mother's Birthplace *Sax - Heiningen*  
 8. Full Name of Father *Jacob Germersoth*  
 9. Father's Occupation *Cabinet maker*  
 10. Father's Birthplace *Oberhausen - Prussia*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. Reinhard*  
 Address *224 W Fayette St*  
 Remarks

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored race*

3. Date of Birth, *October 13<sup>th</sup> 1880*

4. Place of Birth, (Street and Number) *7 ten foot ally*

5. Full Name of Mother, *Sarah tates*

6. Mother's Maiden Name, *Sarah baskle*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George tate*

9. Father's Occupation, *Oyster shucker*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Lucy Woolfore*

Address, *130 regester St*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

42759

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *13th October*
4. Place of Birth (Street and Number) *Carroll Baltimore County*
5. Full Name of Mother *Ira Virginia Hesse*
6. Mother's Maiden Name *Ira Virginia Smith*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Emil Hesse*
9. Father's Occupation *Bar Keeper*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. B. H. H. H.*
- Address *1226 N. Francis*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43760

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male healthy

2. Race or Color, (if not of the white race)

white

3. Date of Birth

born on the 13 of Oct. 1880

4. Place of Birth, (Street and Number)

7 Bantlooe

5. Full Name of Mother

Mrs. Schaefer

6. Mother's Maiden Name

M. Mayers

7. Mother's Birthplace

Wuslenberg Germany

8. Full Name of Father

Friedrich Schaefer

9. Father's Occupation

Beer Brewer

10. Father's Birthplace

Wuslenberg Germany

Name of Medical Attendant, or other Person who makes this Return

M. Hill

Address

1017 W. Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

42761

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second (2d) c*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 13th 1880*
4. Place of Birth (Street and Number) *227 E. Edgar St.*
5. Full Name of Mother *Mary Anna Weger*
6. Mother's Maiden Name *Frank*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *Geo. N. Weger*
9. Father's Occupation *Cooper*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Francis A. Sauer M.D.*  
Address *105 N. Central Avenue*  
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

12762

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Octbr. 13 d. 18 80
4. Place of Birth, (Street and Number) 20 W. Aldrestr.
5. Full Name of Mother Ludana Flapertorn
6. Mother's Maiden Name L. Angermeyer
7. Mother's Birthplace Germane
8. Full Name of Father Gustav Flapertorn
9. Father's Occupation Musigant
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger
- Address 134 W. Bondstr.
- Remarks \_\_\_\_\_

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112763

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth Octbr. 13 1880

4. Place of Birth, (Street and Number) Corn. Orleans and W. 1st St.

5. Full Name of Mother Lisabethe Loring

6. Mother's Maiden Name Lisab. Bauman

7. Mother's Birthplace Bensalem.

8. Full Name of Father Friedrich Loring

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond St.

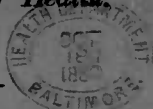
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1127611

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) Colored  
 3. Date of Birth October 13<sup>th</sup> 1880.  
 4. Place of Birth, (Street and Number) 4th Jessier St.  
 5. Full Name of Mother Mary Rose Flint.  
 6. Mother's Maiden Name Grimes.  
 7. Mother's Birthplace Baltimore Md.  
 8. Full Name of Father James William Flint.  
 9. Father's Occupation Barber  
 10. Father's Birthplace Baton Rouge.  
 Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.  
 Address 112 N. Greene St.  
 Remarks Premature Delivery. Seven months and a half.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

112765

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 13<sup>th</sup> 1880.*  
 4. Place of Birth (Street and Number) *25 S. Ann. St.*  
 5. Full Name of Mother *Emma Sahn.*  
 6. Mother's Maiden Name *Emma Brogelmann.*  
 7. Mother's Birthplace *Bergen, Norway.*  
 8. Full Name of Father *Otto George Sahn.*  
 9. Father's Occupation *Sea Captain.*  
 10. Father's Birthplace *Bergen, Norway.*  
 Name of Medical Attendant, or other Person who makes this Return. *C. M. Sullivan, M.D.*  
 Address *116 Thames St.*  
 Remarks

That any Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112766

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 13 October
4. Place of Birth, (Street and Number) No 68 Granby St
5. Full Name of Mother Mary Leichmaniet
6. Mother's Maiden Name Pangocks
7. Mother's Birthplace Germany
8. Full Name of Father Fredrick Leichmaniet
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophie Simon
- Address No 20 Granby St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 14 1880

4. Place of Birth (Street and Number)

259 Lexington Street

5. Full Name of Mother

Rosetta Kohr

6. Mother's Maiden Name

Rosetta Kohr

7. Mother's Birthplace

Balto

8. Full Name of Father

Henry Kohr

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Adrianus M.D.

Address

8 N. E. 1st St.

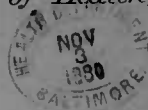
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112768

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 October

4. Place of Birth, (Street and Number) 306. Hoover Street

5. Full Name of Mother, Louise Anna Laryns

6. Mother's Maiden Name, Louise Anna Bösch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Friedrich Bösch

9. Father's Occupation, Remist

10. Father's Birthplace, German

Name of Medical Attendant, or other Person who makes this Return, Augustus Weiss

Address, 42 Lavendell St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state, whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 14 9 P.M. 1880*

4. Place of Birth (Street and Number) *467 E. Lombard St.*

5. Full Name of Mother *Mary Margaret Muthale*

6. Mother's Maiden Name *Mary Margaret Gornick*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Muthale*

9. Father's Occupation *Pilot*

10. Father's Birthplace *St. Mary's County*

Name of Medical Attendant, or other Person who makes this Return

Address *299 E. Baltimore St.*

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42770

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 October
4. Place of Birth, (Street and Number) 175 Central Ave
5. Full Name of Mother, Ellen Canale
6. Mother's Maiden Name, Western
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Canale
9. Father's Occupation, Workman
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sara Casper
- Address, 22 E Lombard
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *October 14<sup>th</sup> 1890*
4. Place of Birth, (Street and Number) *37 N. Castle St*
5. Full Name of Mother, *M. E. Sheally*
6. Mother's Maiden Name, *Mary E. Stein*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Sam. Sheally*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Frank Walker*
- Address, *N. 18 S. Duncan Alley*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF "A BIRTH"

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth*  
*Male*



1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race)

3. Date of Birth,

*October 14-80*  
*No 9 E Biddle St*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

*Sarah E. Haslup*  
*Sarah E. Washington*  
*England*

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

*Leroy F. Haslup*  
*Coach smith*

9. Father's Occupation,

10. Father's Birthplace,

*Baltimore*

Name of Medical Attendant, or other person who makes this Return.

*Henry A. Allwell*

Address, *286 N. Donagh St*

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex: (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 14<sup>th</sup>

4. Place of Birth, (Street and Number) No 148 Gore st.

5. Full Name of Mother Mathieu Urban

6. Mother's Maiden Name Blei

7. Mother's Birthplace Germany

8. Full Name of Father John Urban

9. Father's Occupation Painter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 205 Granby st

Remarks

That any Physician, accouchante, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *6<sup>th</sup> Twins*

1. Sex, (state whether male or female). *Girls*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 14<sup>th</sup> 1890*

4. Place of Birth, (Street and Number) *20 pleasant Alley Baltimore City*

5. Full Name of Mother, *Bridget Cunningham Kennedy*

6. Mother's Maiden Name, *Bridget Cunningham*

7. Mother's Birthplace, *County Galway Ireland*

8. Full Name of Father, *James Kennedy*

9. Father's Occupation, *Seafarer*

10. Father's Birthplace, *County Clare Ireland*

Name of Medical Attendant, or other person who takes this Return. *Mrs. Mary E. Davis*

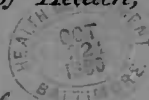
Address, *171 South Washington Street*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child  
1. Sex, (state whether male or female) male  
2. Race or Color, (if not of the white race) colored  
3. Date of Birth, October 14<sup>th</sup>  
4. Place of Birth, (Street and Number) no 19 plum alley  
5. Full Name of Mother, Caroline Storer  
6. Mother's Maiden Name, Caroline Williams  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Richard Storer  
9. Father's Occupation, labour  
10. Father's Birthplace, Baltimore  
Name of Medical Attendant, or other Person who makes this Return, Mrs Lydia Porter  
Address, no 4 patheco avenue  
Remarks, healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4th Child  
Male  
Colored  
14th October  
180 Calumet St.  
Annice Watkins  
Ruler  
Baltimore  
Steven Watkins  
Dryer, Shucker  
Baltimore  
Angeline Wilson  
317 Hamburg St.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct-12th 1880*

4. Place of Birth (Street and Number) *237 N Howard St*

5. Full Name of Mother *Fanny Larnan Armstrong*

6. Mother's Maiden Name *" " Johnson*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Horatio Galis Armstrong*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *H. S. Booker*

Address *152 Madison St.*

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42779

To the Office of Registrar of Vital Statistics; Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 14th 1880

4. Place of Birth, (Street and Number)

3408 Charles St.  
Kathilda Rodowsky

5. Full Name of Mother,

Kreuter

6. Mother's Maiden Name,

America

7. Mother's Birthplace,

Robert Rodowsky

8. Full Name of Father,

Piano maker

9. Father's Occupation,

Germany

10. Father's Birthplace,

J. Lohvasser, midwife  
330 Hanover St.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42780

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First Male

1. Sex (state whether Ma'e or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

October 14th 1880

4. Place of Birth (Street and Number)

No. 333 Laureate Street

5. Full Name of Mother

Emma Rosenthal

6. Mother's Maiden Name

Emma May

7. Mother's Birthplace

City

8. Full Name of Father

Samuel Rosenthal

9. Father's Occupation

Book-keeper.

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

Wm. A. B. Sullivan, M.D.  
Cor. Canollton Ave & Laureate St.

Address

Remarks

This child was born during the week of the  
celebration of Baltimore's Sesqui Centennial.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

42781

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Octbr. 14 1880
4. Place of Birth, (Street and Number) 294 S. Gay St.
5. Full Name of Mother Anna Scripps
6. Mother's Maiden Name Anna D. Hirsch
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Heinrich Scripps
9. Father's Occupation Mechanics Dealer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Maria R. Rudiger
- Address 134 S. Bond St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112782

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.  
 1. Sex (state whether male or female) Male.  
 2. Race or Color, (if not of the white race) White.  
 3. Date of Birth October 14<sup>th</sup> 1880.  
 4. Place of Birth, (Street and Number) W. John St. 3 dws. from Wilson  
 5. Full Name of Mother Louisa Mann.  
 6. Mother's Maiden Name Grimes  
 7. Mother's Birthplace Baltimore, Md.  
 8. Full Name of Father George Mann.  
 9. Father's Occupation Stone-cutter  
 10. Father's Birthplace Scotland  
 Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.  
 Address 112 N. Greene St.  
 Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112,783

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*
- Sex (state whether male or female) *male*
- Race or Color (if not of the white race) *white*
- Date of Birth *October 14 1880*
- Place of Birth (Street and Number) *2 North ally*
- Full Name of Mother *Mary Deborah Lis*
- Mother's Maiden Name *Mary Harrison*
- Mother's Birthplace *Baltimore city*
- Full Name of Father *Julius Deborah Lis*
- Father's Occupation *car maker*
- Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Gaze*
- Address *65 Duke St*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 <sup>th</sup>
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 14 <sup>th</sup> 1880
4. Place of Birth (Street and Number)	187 Eden St
5. Full Name of Mother	Emma J. Catton
6. Mother's Maiden Name	" " Bright
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Theodore Catton
9. Father's Occupation	Clerk
10. Father's Birthplace	England
Name of Medical Attendant, <small>or other Person who makes this Return.</small>	D <sup>r</sup> Catwell Md
Address.	24 Broadway
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 14th 1880*

4. Place of Birth, (Street and Number) *No 454 W. Bay St.*

5. Full Name of Mother, *Margaret Jane Pearson*

6. Mother's Maiden Name, *King*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Wesley Webster Pearson*

9. Father's Occupation, *Queen and Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. H. H. H. H. H.*

Address, *No 205 W. Lombard St*

Remarks, *Balb.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *male female twins*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Oct The 14 1880*
4. Place of Birth, (Street and Number) *Balt franklin St No 114*
5. Full Name of Mother, *Mary Nelson*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Richmond Va*
8. Full Name of Father, *George Nelson*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Newbern North carolinia*
- Name of Medical Attendant, *Mary St Dorden*  
or other Person who makes this Return.
- Address, *Essex St*
- Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



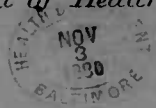
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 15. 1890
4. Place of Birth (Street and Number) 102 Patterson Avenue
5. Full Name of Mother Laura Airey
6. Mother's Maiden Name Robbs
7. Mother's Birthplace Baltimore City
8. Full Name of Father James L. Airey
9. Father's Occupation Stocks
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Marion Brewer M.D.
- Address 68 N. Calhoun Street
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112759

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

15<sup>th</sup> October

4. Place of Birth, (Street and Number)

No. 329 Hamburg St.

5. Full Name of Mother,

Elisabeth Reibert

6. Mother's Maiden Name,

Newman

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Charles Reibert

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who make this Return.

Rudolf W. Meyer

Address,

42 Sandaustraße

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *15th of October*
4. Place of Birth (Street and Number) *153 Biddle St.*
5. Full Name of Mother *Mary Jones*
6. Mother's Maiden Name *" Higgins*
7. Mother's Birthplace *New York*
8. Full Name of Father *Charles Jones*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Cross*
- Address *369 Cathedral St.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, when shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42791

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex, (state whether male or female)..

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 15, 1890

4. Place of Birth, (Street and Number)

\* 303 E. John St.

5. Full Name of Mother,

Elizabeth Taylor Hyde

6. Mother's Maiden Name,

" " Abercrombie

7. Mother's Birthplace,

Bath. Ind.

8. Full Name of Father,

Francis Hyde

9. Father's Occupation,

Chap. Mann Justice

10. Father's Birthplace,

Bath. Ind.

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Hartman M.D.

Address,

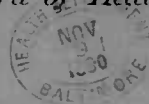
\* 303 N. Caroline St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, ... *oct 4<sup>th</sup> 1880.*

4. Place of Birth, (Street and Number) *Balt Josephine St No 27*

5. Full Name of Mother, *Sarah Funnell*

6. Mother's Maiden Name, *Caldwell*

7. Mother's Birthplace, *Baltimore city*

8. Full Name of Father, *Richardard Funnell*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Baltimore md*

Name of Medical Attendant, *Mary A Dorsey*  
or other Person who makes this Return.

Address, *83 Oxford St*

Remarks,

Return of a Birth in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Oct. 15. 1880  
 4. Place of Birth (Street and Number) 357 N. Charles St  
 5. Full Name of Mother Eliza Wells Atkinson  
 6. Mother's Maiden Name nee Alow  
 7. Mother's Birthplace Norfolk Va.  
 8. Full Name of Father Mathew Anick Atkinson  
 9. Father's Occupation Manufacturing  
 10. Father's Birthplace Balt  
 Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson  
 Address 223 Madison Av  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 children

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13th October 1880

4. Place of Birth, (Street and Number)

No 30 Johnson St

5. Full Name of Mother,

Mary Mary

6. Mother's Maiden Name,

Mary Conway

7. Mother's Birthplace,

England

8. Full Name of Father,

John Murray

9. Father's Occupation,

Labourer

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Lubina Giesbaker

Address,

No 120 West St 1880

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and Residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 15-1880

4. Place of Birth, (Street and Number)

No 238 N Bond Street

5. Full Name of Mother,

Maggie Kraft

6. Mother's Maiden Name,

Maggie Galston

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John P. Kraft

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 N. Seneca St

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

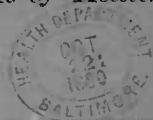
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Jan Gabriel  
 1. Sex (state whether Male or Female) Girl 6th Harrison St. W. Co. W.  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 15 October 1880  
 4. Place of Birth (Street and Number) Alexander St. No. 329  
 5. Full Name of Mother Rati Zup  
 6. Mother's Maiden Name Rati Malinska  
 7. Mother's Birthplace Krasno Kolan  
 8. Full Name of Father Ignace Malinski  
 9. Father's Occupation Carpenter  
 10. Father's Birthplace Krasno Kolan  
 Name of Medical Attendant, or other Person who makes this Return. Gabann  
 Address Imogene Wozel  
 Remarks Jacob Street No. 328  
 Baltimore Jan 20 October 1880



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 15th 1880

4. Place of Birth, (Street and Number).

126 Mullikin St  
Marcel Roblett  
Marcel Hillman  
Hamburg N.Y.  
Marcel Roblett  
Engineer  
Baltimore

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Layell Powell  
29 Lisquith St

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, within the City of Baltimore, at the birth of any child, shall report to the Registrar, immediately thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or about the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 9th

1. Sex (state whether male or female) White

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 15 1898

4. Place of Birth, (Street and Number) 287 Argyll ave.

5. Full Name of Mother Mary Carroll Adams

6. Mother's Maiden Name Adams

7. Mother's Occupation Ind.

8. Father's Birthplace Baltimore

9. Father's Occupation Ind.

10. Name of Medical Attendant, or other Person who makes this return James Bacon M.D.

Address Argyll ave. 287

Remarks brother 9th

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 112798

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 15th
4. Place of Birth, (Street and Number) 287 Argyle ave.
5. Full Name of Mother Mary Adams
6. Mother's Maiden Name Mary Carroll
7. Mother's Birthplace Baltimore Ind.
8. Full Name of Father Henry James Adams
9. Father's Occupation Balloonman
10. Father's Birthplace Baltimore Ind.
- Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.
- Address Cor Argyle ave. & Mosher St.
- Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

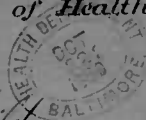
Delated B<sup>n</sup> (88)  
371 W Fayette St.  
Mary Adelina  
Mary Strauss  
Baltimore City  
Henry Paulson  
Physician  
Prussia, Germany  
John A. Paulson  
City

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

142800

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 15th 1880

4. Place of Birth, (Street and Number)

10 341 Charles St

5. Full Name of Mother,

Anna Lindung

6. Mother's Maiden Name,

Wathanos

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Conrad Lindung

9. Father's Occupation,

Barber.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Schogesser midwife

Address,

330 Hanover St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15th Oct.*
4. Place of Birth (Street and Number) *418 Mulberry St.*
5. Full Name of Mother *Mrs. Emma E. Umbraze*
6. Mother's Maiden Name *" " Elliott*
7. Mother's Birthplace *Ind.*
8. Full Name of Father *Arnold Umbraze*
9. Father's Occupation *Paper Hanger*
10. Father's Birthplace *Ind.*
- Name of Medical Attendant, or other Person who makes this Return *H F Hill M.D.*
- Address *364 Franklin St.*
- Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *White*
  2. Race or Color (if not of the white race) *Oct 15th 1890*
  3. Date of Birth *59 N. Schneider St*
  4. Place of Birth (Street and Number) *clearing ~~London~~ Branning*
  5. Full Name of Mother *Beach*
  6. Mother's Maiden Name *Balti. Md*
  7. Mother's Birthplace *Harry Branning*
  8. Full Name of Father *Pinus*
  9. Father's Occupation *Balti. Md*
  10. Father's Birthplace *H. S. Kierhn*
- Name of Medical Attendant, or other Person who makes this Return. *357 N. Lombard St*
- Address
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

*Jacob Abner Saylor*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks

*White*  
*Oct 15th 1880*  
*no 194 Fullen Ave*  
*Anna Saylor*  
*W. Schauf*  
*Baltimore*  
*J. A. Saylor*  
*Merchant*  
*Frederick Co. Md*

GIVEN NAME ADDED.

1-26-53

387 W. Lombard

*H. V. Keating*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 13th 1880*
4. Place of Birth, (Street and Number) *37 Bank St.*
5. Full Name of Mother, *Mollie Walker*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *James Mc. Biddel*
9. Father's Occupation, *"*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return. *Mr. C. Bernstein.*
- Address, *1130 Lombard St.*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 15. 1880*
4. Place of Birth (Street and Number) *352 N. Fremont St.*
5. Full Name of Mother *Amin McKeen*
6. Mother's Maiden Name *Cooper*
7. Mother's Birthplace *Mayland*
8. Full Name of Father *Edward McKeen*
9. Father's Occupation *Driver*
10. Father's Birthplace *Mayland*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Scarpell*
- Address *4 Cathedral St. Balt. Md*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (~~state whether male or female~~) \_\_\_\_\_

2. Race or Color (~~if not of the white race~~) \_\_\_\_\_

3. Date of Birth *10.15.80*

4. Place of Birth (Street and Number) *Pa. ave. N. of Broadway at E.*

5. Full Name of Mother *Mrs. Virginia Ross*

6. Mother's Maiden Name *Payview*

7. Mother's Birthplace *Balto*

8. Full Name of Father *Mrs. C. Ross*

9. Father's Occupation *Trainer*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Will Eastman*

Address *349 East St*

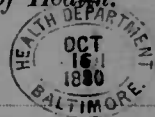
Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 5*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *October 15 1880*
4. Place of Birth (Street and Number) *No 55 Carlton St*
5. Full Name of Mother *Sarah Cooks*
6. Mother's Maiden Name *Charles Brown*
7. Mother's Birthplace *Free Ranil County M.D.*
8. Full Name of Father *Peter Cook*
9. Father's Occupation *Calor*
10. Father's Birthplace *Free Ranil county M.D.*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Warren*
- Address *No 258 Reeling St*
- Remarks *Give birth at seven months the couv frame heavy lifting not expected to live*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 15th 1880*

4. Place of Birth (Street and Number) *44 Camden st*

5. Full Name of Mother *Louise Feldpusch*

6. Mother's Maiden Name *" Knell*

7. Mother's Birthplace *N. Y.*

8. Full Name of Father *George Feldpusch*

9. Father's Occupation *Barber*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *J. L. Hie M.D.*

Address *119 Edmondson Ave*

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

42809

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth Oct 15<sup>th</sup> 1880  
 4. Place of Birth (Street and Number) 485 Franklin st  
 5. Full Name of Mother Alice Ruhl  
 6. Mother's Maiden Name Walker  
 7. Mother's Birthplace Va.  
 8. Full Name of Father William Ruhl  
 9. Father's Occupation Bar keeper  
 10. Father's Birthplace B.C.  
 Name of Medical Attendant, or other Person who makes this Return. J. Haney M.D.  
 Address 119 E. Monument Ave  
 Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 15 - 1880*
4. Place of Birth (Street and Number) *University Hospital*
5. Full Name of Mother *Elena Battie*
6. Mother's Maiden Name *Elena Battie*
7. Mother's Birthplace *City*
8. Full Name of Father *Charles Mitchell*
9. Father's Occupation *Salvager*
10. Father's Birthplace *City*
- Name of Medical Attendant, or other Person who makes this Return. *Wells M.D.*
- Address *University Hospital*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *October 15-1880*
4. Place of Birth, (Street and Number) *117 Durham St*
5. Full Name of Mother, *Oreana Suden*
6. Mother's Maiden Name, *Oreana Lockins*
7. Mother's Birthplace, *Eastonshire Md*
8. Full Name of Father, *Williams Suden*
9. Father's Occupation, *Cyster Shucker*
10. Father's Birthplace, *Trane Co*
- Name of Medical Attendant, or other Person who makes this Return. *Lucinda Woolford*
- Address, *130 Regester*
- Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Female

White

October 13, 1888

293 William Street

Elizabeth Vogelmann

Baltimore

William Vogelmann

Carmanville

Baltimore

Mrs. Anna Kask

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female - Estelle Cannon Fountain*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 15<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *48 N. Gilman*

5. Full Name of Mother *Ida Fountain*

6. Mother's Maiden Name *Cannon*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Charles H. Fountain*

9. Father's Occupation *Travelling Agent*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Cuthrell M.D.*

Address *243 Broadway*

Remarks *Full name of child added by sister upon applying for a transcript. Fleunetta F. Smith (sister) L.C. Nelson Reg. No. 22-1972*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1125/11

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

- 1. Sex, (state whether ~~male~~ female) *Female*
- 2. Race or Color, (if not of the white race) *White*
- 3. Date of Birth, *September 15, 1890*
- 4. Place of Birth, (Street and Number) *E. Myermond St. No. 468*
- 5. Full Name of Mother, *Mary Gullrick*
- 6. Mother's Maiden Name, *Mary Lindsey*
- 7. Mother's Birthplace, *Baltimore City*
- 8. Full Name of Father, *John Gullrick*
- 9. Father's Occupation, *laborer*
- 10. Father's Birthplace, *Alexandria St. Virginia, U. S.*
- Name of Medical Attendant, or other Person who makes this Report, *Mary E. Müller*
- Address, *6 Dallas St. No. 26*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child  
Female  
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 15<sup>th</sup> of October 1880

4. Place of Birth, (Street and Number) No 40 Odones st Canton

5. Full Name of Mother, Kate Gill

6. Mother's Maiden Name, " Stockey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Gill

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Phileas  
No 12 Patterson Park Jr

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 15 October
4. Place of Birth, (Street and Number) 252 Wolfe Street
5. Full Name of Mother Lisi Davis
6. Mother's Maiden Name Kremer
7. Mother's Birthplace Baltimore
8. Full Name of Father Karl Kremer
9. Father's Occupation —
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie Guttner
- Address Wolfe Street 245.
- Remarks —



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 15 1881

4. Place of Birth, (Street and Number) 152 Arguith St

5. Full Name of Mother Emma Volz

6. Mother's Maiden Name Emma V. Foster

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John W. Swin

9. Father's Occupation Bookerman N.C.R.

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amanda Marine

Address 378 East Monument St

Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name: *Hattie A Schley 3d*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

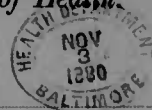
*Female*  
*White*  
*Oct 16/80*  
*100 S. Sharp.*  
*Catherine (Pattie) Schley*  
*Millburn (Smith)*  
*Maryland*  
*Wm. E. Schley*  
*clerk*  
*Maryland*  
*Thomas Opie M.D.*  
*581 Lexington St.*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*  
1. Sex (state whether male or female) *Female.*  
2. Race or Color (if not of the white race) *White.*  
3. Date of Birth *Oct. 16. 1880*  
4. Place of Birth (Street and Number) *65 Hillen St.*  
5. Full Name of Mother *Kate E. Ratter.*  
6. Mother's Maiden Name *Kate E. Lynch.*  
7. Mother's Birthplace *Maryland*  
8. Full Name of Father *Edward A. Ratter.*  
9. Father's Occupation *Boat Maker.*  
10. Father's Birthplace *Pennsylvania.*  
Name of Medical Attendant, or other Person who makes this Return. *J. W. H. M. D.*  
Address *35 E. Balt. St.*  
Remarks

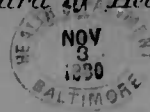
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

142,520

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Nov 16<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *No 12 Chappel St*
5. Full Name of Mother, *Dora Schucker*
6. Mother's Maiden Name, *" Shiffer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Schucker*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Mrs Elizabeth Bety*  
or other Person who makes this Return.
- Address, *120 Bank St.*
- Remarks,

Records of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Oct 16th '80*

4. Place of Birth, (Street and Number)

*180 Druid Hill Ave*

5. Full Name of Mother,

*Alice A. Perkins*

6. Mother's Maiden Name,

*Alice A. Meathen*

7. Mother's Birthplace,

*W.D.*

8. Full Name of Father,

*Edward A. Perkins*

9. Father's Occupation,

*Painter*

10. Father's Birthplace,

*W.D.*

Name of Medical Attendant, or other Person who makes this Return.

*J. Miller, M.D.*

Address,

*89 N. Greene St.*

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112822

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

8

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 16. 1880

4. Place of Birth, (Street and Number)

W. Waller No 34

5. Full Name of Mother,

Mary Tucker

6. Mother's Maiden Name,

John

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Tucker

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. H. H. H.

Address,

W. Waller No 14

Remarks,

M. J. H.

Record of Vital Statistics in the City of Baltimore.

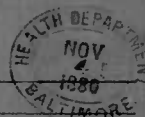
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

42823

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Octbr. 16<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 1 Edward St.
5. Full Name of Mother Ernestine Johanna Levy
6. Mother's Maiden Name Muller
7. Mother's Birthplace New York City
8. Full Name of Father Jacob Levy
9. Father's Occupation Steward
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Christian M.D.
- Address 431. Resna. Ave.
- Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3d  
Female  
White  
208 Mosher St.  
October 16th -  
Mary E Sanderson  
- Color -  
Maryland  
Cook Sanderson  
Merchant  
Baltimore

Wm Whitledge M.D.



Record of Vital Statistics in the City of Baltimore.

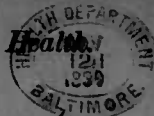
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Howard Peregrine ————— Mc Mullen



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2 Fourth

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return.

Address \_\_\_\_\_

Remarks \_\_\_\_\_

Richard L. Dathill

207 S Broadway

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42826

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4  
 1. Sex, (state whether male or female) Male  
 2. Race or Color, (if not of the white race)  
 3. Date of Birth, 16 October  
 4. Place of Birth, (Street and Number) 24 S High  
 5. Full Name of Mother, Therese Master  
 6. Mother's Maiden Name, Baldies  
 7. Mother's Birthplace, Germany  
 8. Full Name of Father, Charles Master  
 9. Father's Occupation, Carpenter  
 10. Father's Birthplace, Germany  
 Name of Medical Attendant, or other Person who makes this Return, Mrs. Park Carpenter  
 Address, 22 E Lombard  
 Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42827

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Black

3. Date of Birth

October 16-1880-

4. Place of Birth (Street and Number)

314 N. Durham St

5. Full Name of Mother

Mary A. E. Cole

6. Mother's Maiden Name

" " " Murray

7. Mother's Birthplace

St. Marys Co. Md.

8. Full Name of Father

Joseph H. Cole

9. Father's Occupation

Laborer

10. Father's Birthplace

St. Marys County Md.

Name of Medical Attendant, or other Person who makes this Return.

Geo. H. Taylor, M.D.

Address

222 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the child is her 1st*  
 1. Sex (state whether Male or Female) *he is a boy*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *Saturday the 16*  
 4. Place of Birth (Street and Number) *189 16 Dalas st*  
 5. Full Name of Mother *Matilda Ann Thomas*  
 6. Mother's Maiden Name *Matilda Ann Snowgawle*  
 7. Mother's Birthplace *Baltimore md*  
 8. Full Name of Father *John Thomas*  
 9. Father's Occupation *Oystering*  
 10. Father's Birthplace *Baltimore md*  
 Name of Medical Attendant, or other Person who makes this Return. *Amie Dunton*  
 Address *N 122 N Dalas st*  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42829

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Kind Mädchen*

1. Sex, (state whether male or female) *Mädchen*

2. Race or Color, (if not of the white race) *Haar 3*

3. Date of Birth, *geboren den 16<sup>ten</sup> Oktober*

4. Place of Birth, (Street and Number) *N<sup>o</sup> 186 Eastern Av.*

5. Full Name of Mother, *Anne Burkhardt*

6. Mother's Maiden Name, *Anne Krauß*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Georg Burkhardt*

9. Father's Occupation, *Handarbeiter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Friederike Raupmann*

Address, *N<sup>o</sup> 197 S. Dallas St*

Remarks, *Heim*

Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH

42830

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 16 1880

4. Place of Birth, (Street and Number)

254 W. Lombard St.

5. Full Name of Mother,

Emily Ward

6. Mother's Maiden Name,

Emily Stanford

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John A. Hart

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Chas. A. Cox M.D.

Address,

145 Hanover St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

142,831

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 16<sup>th</sup> October
4. Place of Birth, (Street and Number) W. 11<sup>th</sup> St 89
5. Full Name of Mother Mary H. Dugeler
6. Mother's Maiden Name Margel
7. Mother's Birthplace Baltimore
8. Full Name of Father Sigmund Dugeler
9. Father's Occupation Can Shaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mauser
- Address 193 Bank
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 1*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 16/80*

4. Place of Birth (Street and Number) *2417 N. Gaystr.*

5. Full Name of Mother *Anna Elisabeth Swieten*

6. Mother's Maiden Name

7. Mother's Birthplace *Maryland*

8. Full Name of Father *William Clark Swieten*

9. Father's Occupation *Can maker*

10. Father's Birthplace *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return. *A. Aronson M.D.*

Address *1445 N. High St.*

Remarks *Child well developed and healthy*



Extract the portions of the Record of Health to require a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

12833

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

John Caspar Sauer



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth

October 16<sup>th</sup> 1880.

4. Place of Birth, (Street and Number)

# 182 E. Little Maabury Street

5. Full Name of Mother

Mary Sauer.

6. Mother's Maiden Name

Mary Burkitt.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Sauer.

9. Father's Occupation

Broom maker.

10. Father's Birthplace

Baltic.

Name of Medical Attendant,

or other Person who makes this return.

Dr. H. H. H. H.

Address

# 182

East Broadway St.

Remarks

BORN LIVE 1880

1-5-53.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

119,531

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 16<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) # 52 Maryland Ave.

5. Full Name of Mother Ellie McCabe

6. Mother's Maiden Name Ellie McIntyre

7. Mother's Birthplace Balto.

8. Full Name of Father Charles Mc McCabe

9. Father's Occupation Brass Foundry

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Anna E. Agnew

Address # 181 E. Howard St

Remarks



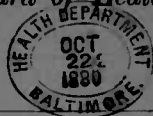
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Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH,

42835

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 16<sup>th</sup> 1880
4. Place of Birth, (Street and Number) # 455 Harford ave.
5. Full Name of Mother Carrie Keiser
6. Mother's Maiden Name Carrie Smith
7. Mother's Birthplace Germany
8. Full Name of Father Charles Keiser
9. Father's Occupation Harness maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. John H. H. H.
- Address # 151 East Monument St.
- Remarks \_\_\_\_\_

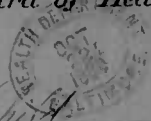
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH

112836

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

Oct 16 th 1880

4. Place of Birth, (Street and Number) .....

No 234 Montgomery st  
Cathon Pedrer

5. Full Name of Mother, .....

Froehler

6. Mother's Maiden Name, .....

Germany

7. Mother's Birthplace, .....

Cristoph Pedrer

8. Full Name of Father, .....

Carpet weaver

9. Father's Occupation, .....

Germany

10. Father's Birthplace, .....

J. Lehmann midwife  
330 Banner st.

Name of Medical Attendant, or other Person who makes this Return.

Address, .....

Remarks, .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112837

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c)
1. Sex (state whether Male or Female) *female*
  2. Race or Color (if not of the white race) *Colord*
  3. Date of Birth *16 Octob*
  4. Place of Birth (Street and Number) *South Lurham 95*
  5. Full Name of Mother *Mary Elan Jackson*
  6. Mother's Maiden Name
  7. Mother's Birthplace *unrel*
  8. Full Name of Father *John A Jackson*
  9. Father's Occupation *Deviol*
  10. Father's Birthplace *unrel*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Eliza Ann Jones*
- Address
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6th)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct-16 1880*
4. Place of Birth (Street and Number) *No 8 Walnut-Street*
5. Full Name of Mother *Sophia Towson*
6. Mother's Maiden Name *Jacobs*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Edward T. B. Towson*
9. Father's Occupation *Fruit and Oyster Packer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *A. C. Hummer*
- Address *231. N. Howard-Str.*
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH.

142839

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 16<sup>th</sup> 1880

4. Place of Birth (Street and Number) N<sup>o</sup> 77 Arindell St

5. Full Name of Mother Le Hauss

6. Mother's Maiden Name L. Hauss

7. Mother's Birthplace Baltimore

8. Full Name of Father Christian Hauss

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Horner

Address N<sup>o</sup> 106 West st

Remarks

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 16th 1880*  
 4. Place of Birth (Street and Number) *Nº 17 Bird St*  
 5. Full Name of Mother *Anna Ross*  
 6. Mother's Maiden Name *Anna Manwoken*  
 7. Mother's Birthplace *Ireland*  
 8. Full Name of Father *J. Ross*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Scotland*  
 Name of Medical Attendant, or other Person who makes this Return. *Catherine Horner*  
 Address *Nº 106 West St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Third  
Male  
White  
October 16<sup>th</sup> 1880  
184 George St  
Kate Shepherd  
Kate Munn  
Fredk C. M.  
Wm Shepherd  
Carpenter  
Maryland

E. Hoover Cox M.D.  
289 W Fayette St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*  
 1. Sex, (state whether male or female) *female*  
 2. Race or Color, (if not of the white race) *white*  
 3. Date of Birth, *born 16<sup>th</sup> Oct.*  
 4. Place of Birth, (Street and Number) *No 118. North Calvert St.*  
 5. Full Name of Mother, *Johanna Wilhelmina Spangenberg*  
 6. Mother's Maiden Name, *Johanna Wilhelmina Kunnecke*  
 7. Mother's Birthplace, *Province Hanover*  
 8. Full Name of Father, *Philip Spangenberg*  
 9. Father's Occupation, *Liquor Dealer*  
 10. Father's Birthplace, *Hessen Cassel*  
 Name of Medical Attendant, or other Person who makes this Return  
 Address, *Edw Dummer*  
 Remarks, *No 66 Dicktruss*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

14-2-8113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16th of October.*
4. Place of Birth, (Street and Number) *419 1/2 Saratoga St.*
5. Full Name of Mother, *Mrs. Carrie A. Craft.*
6. Mother's Maiden Name, *Carrie Pfeifer.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. W. Small.*
9. Father's Occupation, *Shoe Maker.*
10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

*Miss Dummer  
1600 North Calverton*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY. Oct 11



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth Oct 10<sup>th</sup> 1880
  4. Place of Birth, (Street and Number) 17 Washington St.
  5. Full Name of Mother Annie Rix
  6. Mother's Maiden Name Annie Rink
  7. Mother's Birthplace America
  8. Full Name of Father Christian Rix
  9. Father's Occupation Sailor
  10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. 1622 Liberty Avenue
- Address 137 South Wolfe St.
- Remarks 7/2

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42846

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16th of October 1886.*
4. Place of Birth, (Street and Number) *366 East Main Street.*
5. Full Name of Mother, *Annie Hays*
6. Mother's Maiden Name, *Annie Stern*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Paul Stern*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *or other Person who makes this Return* *Liescentia Kunkel*
- Address, *72 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 16<sup>th</sup> 80.
4. Place of Birth, (Street and Number) #340 Sharp St
5. Full Name of Mother Margaret Sabine
6. Mother's Maiden Name Kraemer
7. Mother's Birthplace Baltimore
8. Full Name of Father John Sabine
9. Father's Occupation Milk dealer
10. Father's Birthplace Balt
- Name of Medical Attendant, or other person who makes this return. Mary Brook
- Address # 328 Delaware St.
- Remarks \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall intend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112817

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 16<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *University Hospital*

5. Full Name of Mother *Eumelia Castor*

6. Mother's Maiden Name *Eumelia Castor*

7. Mother's Birthplace *Richmond Va*

8. Full Name of Father *Henry Anderson*

9. Father's Occupation *mechanic*

10. Father's Birthplace *Richmond Va*

Name of Medical Attendant, or other Person who makes this Return. *W. E. M. D.*

Address *University Hospital*

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

42818

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 16 October
4. Place of Birth, (Street and Number) No 244 Baltimore St
5. Full Name of Mother Catha Henke
6. Mother's Maiden Name Brigman
7. Mother's Birthplace Baltimore
8. Full Name of Father Fred Henke
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Leptin Jensen
- Address No 70 Grant St
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42849

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 16th 1880

4. Place of Birth, (Street and Number) No 227 W. Lombard St.

5. Full Name of Mother, Catherine Dutkahn Brillen

6. Mother's Maiden Name, Adams

7. Mother's Birthplace, Brighton Penn.

8. Full Name of Father, Hon. Muggrave Brillen

9. Father's Occupation, Book Binding Philadelphia Penn.

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who  
makes this Return, Pembroke Mr Honora Mrs.

Address, No 205 W. Lombard St.

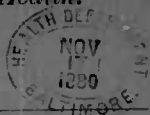
Remarks, Baet.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112850

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 16th. 1880.

4. Place of Birth, (Street and Number) No. 91. Central av.

5. Full Name of Mother Emma Madden

6. Mother's Maiden Name Emma Williams

7. Mother's Birthplace Norfolk, Virginia

8. Full Name of Father Wm. Madden

9. Father's Occupation Musicioner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mess M. A. Butt

Address No 185. S.E. cor. Central 204 Monument St.

Remarks All Well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



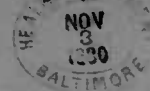
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 17<sup>th</sup> 1880
4. Place of Birth (Street and Number) 375 Druid Hill Ave
5. Full Name of Mother Laura Westfield
6. Mother's Maiden Name Laura Thomas
7. Mother's Birthplace Frederick, Md.
8. Full Name of Father C. E. Westfield
9. Father's Occupation Merchant
10. Father's Birthplace Howard Co., Md.
- Name of Medical Attendant, or other Person who makes this Return. J. W. Hillenbrand
- Address 127 N. Enoch St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-28521

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race)
- Date of Birth, *Nov. 17th 1880*
- Place of Birth, (Street and Number) *202 Eastern Ave*
- Full Name of Mother, *Pohanna Mohrman*
- Mother's Maiden Name, *" Thiesman*
- Mother's Birthplace, *Germany*
- Full Name of Father, *Henry Mohrman*
- Father's Occupation, *Porter*
- Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Betz*
- Address, *120 Bank St*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112853

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 17th '80*
4. Place of Birth, (Street and Number) *135 N. Calver St.*
5. Full Name of Mother, *Henetta Muller*
6. Mother's Maiden Name, *Henetta Pralle*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Muller*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

*J. Muller M.D.*  
*Dr. A. Greene St.*

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1128571

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 8<sup>th</sup> child
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)...
3. Date of Birth, Oct 17
4. Place of Birth, (Street and Number) 81 Unity St
5. Full Name of Mother, Caroline Carl
6. Mother's Maiden Name, " Brewer
7. Mother's Birthplace, Leisburg Germany
8. Full Name of Father, Chas J Carl
9. Father's Occupation, Shoe Care Maker 27 W. Clallan st
10. Father's Birthplace, Belmuth Germany
- Name of Medical Attendant, or other Person who makes this Return, Catharine Seebach
- Address, 439 West Pratt St
- Remarks,

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

112855



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Baltimore 17th 1880*

4. Place of Birth (Street and Number) *9 Parkington Ave*

5. Full Name of Mother *Isabella Magee*

6. Mother's Maiden Name *" McClellan*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James H. Magee*

9. Father's Occupation *Bakeman B & R R*

10. Father's Birthplace *Baltimore Prince Georges Co Md*

Name of Medical Attendant, or other Person who makes this Return. *W. E. Pierce M.D.*

Address *215 E Fayette St Baltimore*

Remarks



The: any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child.*

1. Sex, (state whether male or female)...

*Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth,

*October 17<sup>th</sup> 1880,*

4. Place of Birth, (Street and Number)

*22 Stockholm St.*

5. Full Name of Mother,

*Sarah Kent,*

6. Mother's Maiden Name,

*" Ackers,*

7. Mother's Birthplace,

*New York,*

8. Full Name of Father,

*Wm J. Kent,*

9. Father's Occupation,

*Merchant,*

10. Father's Birthplace,

*Canada,*

Name of Medical Attendant, or other Person who makes this Return.

*R. J. N. Tall, M.D.,*

Address,

*152, S. Sharp St.,*

Remarks,

*Child healthy.*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, and whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth 17th Oct. 1880  
 4. Place of Birth, (Street and Number) 1289 Bolton Street  
 5. Full Name of Mother Mary James Palmer  
 6. Mother's Maiden Name Mary James Maghull  
 7. Mother's Birthplace Georgetown D.C.  
 8. Full Name of Father Benjamin B. Palmer  
 9. Father's Occupation Farmer  
 10. Father's Birthplace Montgomery Co. Md.  
 Name of Medical Attendant, or other Person who makes this Return. W. H. H. H. H. H.  
 Address 146 Park Av  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 42858

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 5  
1. Sex, (state whether male or female)..... Female  
2. Race or Color, (if not of the white race) ..... white  
3. Date of Birth, ..... Baltimore, October 17th 1880  
4. Place of Birth, (Street and Number) ..... No 123 Loman St  
5. Full Name of Mother, ..... Elizabeth Howicks.  
6. Mother's Maiden Name, ..... Elizabeth Meyers.  
7. Mother's Birthplace, ..... Baltimore  
8. Full Name of Father, ..... W J Howicks.  
9. Father's Occupation, ..... Barber  
10. Father's Birthplace, ..... Baltimore  
Name of Medical Attendant, or other Person who makes this Return ..... Mr Schlifer  
Address, ..... Cloumba St No 20  
Remarks, .....

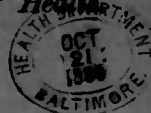
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112859

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 8

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth the 17 of October

4. Place of Birth, (Street and Number) No 122 Commercial V

5. Full Name of Mother Mary Henge

6. Mother's Maiden Name Mary Stark

7. Mother's Birthplace Germany

8. Full Name of Father Henry Stark

9. Father's Occupation Cabinet maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Tancer

Address 123 North 5th

Remarks Good

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42860

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



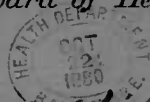
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*  
 1. Sex, (state whether male or female) *male*  
 2. Race or Color, (if not of the white race) *colored*  
 3. Date of Birth, *October 27th*  
 4. Place of Birth, (Street and Number) *no 5 pack alley*  
 5. Full Name of Mother, *surviler bias*  
 6. Mother's Maiden Name, *surviler plate?*  
 7. Mother's Birthplace, *cumberland county*  
 8. Full Name of Father, *george bias*  
 9. Father's Occupation, *laborer*  
 10. Father's Birthplace, *cumberland county*  
 Name of Medical Attendant, *mrs Lydia Porter*  
 Address, *no 4 poptSCO avenue*  
 Remarks, *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112861

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2nd Child  
 1. Sex, (state whether male or female)..... Male  
 2. Race or Color, (if not of the white race)..... colored  
 3. Date of Birth,..... october 17th  
 4. Place of Birth, (Street and Number)..... 101 hill st  
 5. Full Name of Mother,..... agnes adams  
 6. Mother's Maiden Name,..... agnes jones  
 7. Mother's Birthplace,..... Baltimore  
 8. Full Name of Father,..... malicki adams  
 9. Father's Occupation,..... waiter  
 10. Father's Birthplace,..... Baltimore  
 Name of Medical Attendant, or other Person who makes this Return..... Mrs Lydia Porter  
 Address,..... no 4 parker avenue  
 Remarks,..... healthy child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

49862

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 17<sup>th</sup> 1880

4. Place of Birth, (Street and Number) # 15 East Biddle street

5. Full Name of Mother Caroline Hinckley

6. Mother's Maiden Name Caroline Gulay

7. Mother's Birthplace Balt.

8. Full Name of Father Joseph Hinckley

9. Father's Occupation Barber

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Anna H. H. H.

Address # 182. Hammond St

Remarks

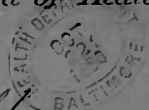
Record of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42863

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 17 - 1880

4. Place of Birth, (Street and Number)

No 334 Hanover st

5. Full Name of Mother,

Ludvica Rich

6. Mother's Maiden Name,

Meyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Rich

9. Father's Occupation,

Butcher

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohwasser midwife

Address,

330 Hanover st.

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) \_\_\_\_\_  
 3. Date of Birth October 17th 1880 a.m.  
 4. Place of Birth, (Street and Number) 78 6 Fulton Baltimore St  
 5. Full Name of Mother Christina Isle Ricker  
 6. Mother's Maiden Name Christina Isle  
 7. Mother's Birthplace Uhrberg Baden  
 8. Full Name of Father John George Ricker  
 9. Father's Occupation Shoemaker  
 10. Father's Birthplace Wurttemberg Germany  
 Name of Medical Attendant, or other Person who Dr. Carroll Midwife  
 Address 171 Fulton St  
 Remarks \_\_\_\_\_

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42865

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored Race
3. Date of Birth Oct 17, 80
4. Place of Birth (Street and Number) Durham St
5. Full Name of Mother Eliza Wilmore
6. Mother's Maiden Name Jackson
7. Mother's Birthplace Virginia
8. Full Name of Father Manuel Wilmore
9. Father's Occupation Laborer
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return Elizabeth M Downey
- Address (Durham St)
- Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Corkland Race*  
 3. Date of Birth *Oct 17 1880*  
 4. Place of Birth (Street and Number) *23 St (Durham St) Balt*  
 5. Full Name of Mother *Samah Jane Francis*  
 6. Mother's Maiden Name *Samah J. Patterson*  
 7. Mother's Birthplace *Balt.*  
 8. Full Name of Father *Andrew Francis*  
 9. Father's Occupation *Labon*  
 10. Father's Birthplace *New Bon Island*  
 Name of Medical Attendant, or other Person who makes this Return. *Elizabeth M Downey*  
 Address *(Durham St)*  
 Remarks

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42867

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> Child*

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 18<sup>th</sup> 1880*

4. Place of Birth, (Street and Number) *Cleary St. 14 123.*

5. Full Name of Mother, *Louise A. Bohne*

6. Mother's Maiden Name, *Louise A. Gennig*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Heinrich Bohne*

9. Father's Occupation, *Tr. Sec.*

10. Father's Birthplace, *Ellen, Pr. Prussen, Germany*

Name of Medical Attendant, *or other Person who* *Mary E. Miller*  
*making this Return*

Address, *Saltus St. 14 26*

Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

112868

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

17th October

4. Place of Birth, (Street and Number)

129 Sharp St

5. Full Name of Mother,

Marrie J. Jones

6. Mother's Maiden Name,

" " Weaver

7. Mother's Birthplace,

Sankast, Georgia

8. Full Name of Father,

John Jones

9. Father's Occupation,

Stevedorer

10. Father's Birthplace,

Georgia

Name of Medical Attendant, or other Person who makes this Return.

Angelina Wilson

Address,

314 Hamburg St

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42869

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 17<sup>th</sup> 1880.*

4. Place of Birth (Street and Number) *No. 82 Cross St.*

5. Full Name of Mother *Mary Anthony*

6. Mother's Maiden Name *Mary Rupp*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George McAnthony*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *J. Tyler Smith M.D.*

Address *221 Dean St.*

*Baltimore*

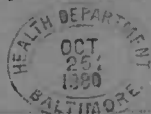
Remarks *Natural & easy labor*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

142870

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 17

4. Place of Birth, (Street and Number)

Baltimore South St #137

5. Full Name of Mother,

Kathrine Kröger

6. Mother's Maiden Name,

Kathrine Piltner

7. Mother's Birthplace,

Regensburg, Prussia

8. Full Name of Father,

John Kröger

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Sohlstedt, Hannover, Germany

Name of Medical Attendant, or other Person who makes this Return.

Wilhelmine Schmidt

Address,

376 So. Clark St

Remarks,

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within 14 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42871

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 17th 1880
4. Place of Birth (Street and Number) Corner Albernark & Granby Sts.
5. Full Name of Mother Elisebeth Sophia Hargenleh
6. Mother's Maiden Name " " " Harguard
7. Mother's Birthplace Bremen Germany
8. Full Name of Father John William Henry Hargenleh
9. Father's Occupation Machinist
10. Father's Birthplace Chernberg Bavaria
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Davis
- Address 126 N. Howard St. Baltimore
- Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1<sup>st</sup>, 2<sup>d</sup>, 3<sup>d</sup>, &c.) \_\_\_\_\_
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color (if not of the white race) white
3. Date of Birth Oct 17<sup>th</sup> 1880
4. Place of Birth (Street and Number) No 549 W. Lombard St
5. Full Name of Mother Ida H. Carr
6. Mother's Maiden Name Doct
7. Mother's Birthplace Paids da
8. Full Name of Father A. Rink Carr
9. Father's Occupation Mechanic
10. Father's Birthplace Balti. Md
- Name of Medical Attendant, or other Person who makes this Return. H. L. Spencer
- Address 387 W. Lombard St
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

42873

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 17<sup>th</sup> 1880

4. Place of Birth (Street and Number)

157<sup>th</sup> Calhoun St

5. Full Name of Mother

Chara Belle Byers

6. Mother's Maiden Name

Johnson

7. Mother's Birthplace

Michigan

8. Full Name of Father

Joseph E. Byers

9. Father's Occupation

Insurance Agent

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. Harvey Hill M.D.

Address

119 Edmunds Ave

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42874

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) white  
 2. Race or Color (if not of the white race) Potter 1911-1920 white  
 3. Date of Birth Oct 17 1880 Prater St near Madison Ave  
 4. Place of Birth (Street and Number) Prater St near Madison Ave  
 5. Full Name of Mother Alice Steinkamp  
 6. Mother's Maiden Name Alice Mc Elroy  
 7. Mother's Birthplace Scotland  
 8. Full Name of Father Joseph H. Steinkamp  
 9. Father's Occupation Machinist  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return, Edmund H. Walker MD  
 Address 183 Linden Ave  
 Remarks Loa

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17<sup>th</sup> Oct. 1880

4. Place of Birth, (Street and Number)

71 Saratoga St.

5. Full Name of Mother,

Samuelia W. Hiss

6. Mother's Maiden Name,

Waters

7. Mother's Birthplace,

D.C.

8. Full Name of Father,

Feilder J. Hiss

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

D.C.

Name of Medical Attendant, or other Person who makes this Return.

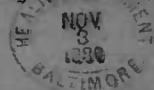
Address,

Remarks,

J. W. OWENS, M.D.  
274 Madison Ave.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Sixth-  
Male  
White  
Oct 19<sup>th</sup> - 1880  
No. 3934. McHenry St. Balt  
Annalia Waters.  
"8. Shepherd  
Philadelphia  
James E. Hallist  
Clerk at Campfields jewelry store.  
Balt. City.  
M. J. Lenden  
435 - McHenry St.  
another Strong baby 10 1/2

That any Physician, Ac. one hour, midwife, or other person in charge, who shall make, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Oct. 18. 1880

W. Schappelstr. 164

Mary Necker

Necker

Balt.

Frederick Necker

Merchant

Baltimore

Wm. J. P. P. P. P.

W. J. P. P. P. P.

Wm. J. P. P. P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112878

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

October 14th 1880

4. Place of Birth (Street and Number)

108 Chestnut Alley

5. Full Name of Mother

Rachel Robertson

6. Mother's Maiden Name

Rachel Fisher

7. Mother's Birthplace

Fredrick County Md. D.

8. Full Name of Father

Julius Robertson

9. Father's Occupation

Porter

10. Father's Birthplace

Fayetteville, N. C.

Name of Medical Attendant, or other Person who

threw this report

Address

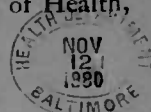
85 Orchard Street

Remarks

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) Colored  
 3. Date of Birth October 18, 1880  
 4. Place of Birth (Street and Number) Geeler Row  
 5. Full Name of Mother Martha Mans  
 6. Mother's Maiden Name Martha Lin  
 7. Mother's Birthplace Hoyarrel County Md. D.  
 8. Full Name of Father Charles Mans  
 9. Father's Occupation Harper  
 10. Father's Birthplace Baltimore County Md. D.  
 Name of Medical Attendant, or other Person who make this return Hester Bordley Md. D.  
 Address 85 Archael Street  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 18<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

No. 63 Columbia Ave

5. Full Name of Mother

Male Jennings

6. Mother's Maiden Name

Richmont

7. Mother's Birthplace

Baltimore

8. Full Name of Father

The Jennings

9. Father's Occupation

Clerk Dr. Ford

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. August J. Richmond

Address

185 L & S St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42881

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

18 October

4. Place of Birth, (Street and Number)

60 President

5. Full Name of Mother,

Fani Champion

6. Mother's Maiden Name,

Amelose

7. Mother's Birthplace,

Italia

8. Full Name of Father,

Ferd Champion

9. Father's Occupation,

Musician

10. Father's Birthplace,

Italia

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Sara Harper

Address,

22 Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

female  
60 years  
October 18th 1880  
no 11 Vine st  
Rachel Townsend  
Rachel Foote  
Baltimore  
Charles Townsend  
Waiter  
Baltimore  
Mary Ann Clarys  
64 E. Broadway  
five dollars

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112833

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 18th 1886

4. Place of Birth, (Street and Number)

494 Cross St

5. Full Name of Mother,

Dora Harrell

6. Mother's Maiden Name,

Mrs. A. Hutchinson

7. Mother's Birthplace,

Missouri

8. Full Name of Father,

Samuel Harrell

9. Father's Occupation,

oliceman

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address,

146 Harrell St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



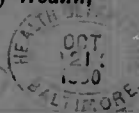
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 18<sup>th</sup> 1880
4. Place of Birth, (Street and Number) Baltimore, Poca. St. No. 469
5. Full Name of Mother Elizabeth Jones
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Ag. Jones
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mrs. L. Mitchell
- Address No. 140 Rummel St.
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

142883

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th child*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *18 day of October 1880*  
 4. Place of Birth (Street and Number) *141 Tubbett St Baltimore Md*  
 5. Full Name of Mother *Marye Gipa*  
 6. Mother's Maiden Name *Mrs. Saronuk*  
 7. Mother's Birthplace *Bohemia*  
 8. Full Name of Father *Ignac Gipa*  
 9. Father's Occupation *Laborer*  
 10. Father's Birthplace *Bohemia*  
 Name of Medical Attendant, or other Person who makes this Return *Katerina Saronuk*  
 Address *141 Tubbett St Baltimore*  
 Remarks *Born Live*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
1. Sex (state whether male or female) Boy  
2. Race or Color, (if not of the white race) White  
3. Date of Birth 18 October  
4. Place of Birth, (Street and Number) Boston, Ct  
5. Full Name of Mother Mary J. Bruner  
6. Mother's Maiden Name Younger  
7. Mother's Birthplace Baltimore  
8. Full Name of Father George Bruner  
9. Father's Occupation Car Maker  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs. Maupers  
Address 175 Bank  
Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 18 - 1880

4. Place of Birth, (Street and Number)

256 Montgomery St.

5. Full Name of Mother,

Margaret Radley

6. Mother's Maiden Name,

Abeyr.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Carl Radley

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser midwife

Address,

330 Hanover St.

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who  
make this Return.

Address,

Remarks,

1<sup>st</sup> Child  
Male  
Colored  
18<sup>th</sup> October  
80 Stockolman  
Marile Smith  
" Kellum  
Baltimore  
Andrew Smith  
Carter Shucker  
Baltimore  
Angellina Nelson  
Hamburg st.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42.887

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct 17

4. Place of Birth, (Street and Number)

817 Spring st

5. Full Name of Mother,

Sarah Beard

6. Mother's Maiden Name,

Sarah Bennett

7. Mother's Birthplace,

Massachusetts

8. Full Name of Father,

David Beard

9. Father's Occupation,

Agtes shuckes

10. Father's Birthplace,

and small co

Name of Medical Attendant, or other Person who makes this Return.

Mrs. E. J. Johnson

Address,

no 18 short st

Remarks,

Healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42890

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Oct 18*
4. Place of Birth, (Street and Number) *40 East St*
5. Full Name of Mother, *Gracie Adams*
6. Mother's Maiden Name, *Gracie Chadden*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Frank Adams*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, *Marshall Johnson*  
or other person who makes this Return.
- Address, *1111 North St*
- Remarks, *Healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112891

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 18th

4. Place of Birth, (Street and Number) No 248 S. Buchanan St

5. Full Name of Mother Martha Jane

6. Mother's Maiden Name Greene

7. Mother's Birthplace Baltimore

8. Full Name of Father John James

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Mrs. Geitzke  
No 56 S. Bond St

That any Physician, accoucheur, midwife, or other person in charge, who shall assist in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Second*

1. Sex, (state whether male or female)..

*Male*

2. Race or Color, (if not of the white race) ..

*white*

3. Date of Birth,

*Oct. 18/80*

4. Place of Birth, (Street and Number)

*No. 137 E. Pratt St.*

5. Full Name of Mother,

*Jane Lander*

6. Mother's Maiden Name,

*Jane Sutherland*

7. Mother's Birthplace,

*Nova Scotia*

8. Full Name of Father,

*Wm Lander*

9. Father's Occupation,

*Ship Broker*

10. Father's Birthplace,

*Nova Scotia*

Name of Medical Attendant, or other Person who makes this Return.

*D.R. W. Mansfield*

Address,

*117 S. Broadway*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 13<sup>th</sup> 1886
4. Place of Birth, (Street and Number) 141 Light St.
5. Full Name of Mother Mary Sudwisch
6. Mother's Maiden Name Polly Jones
7. Mother's Birthplace Belle Mead
8. Full Name of Father Fred. Sudwisch
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Annie Green
- Address 134 Light St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child  
1. Sex, (state whether male or female) female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 18 October 1880  
4. Place of Birth, (Street and Number) 45 Jackson St  
5. Full Name of Mother, Mary Liefen  
6. Mother's Maiden Name, Drake  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, William Liefen  
9. Father's Occupation, Sailor  
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs Rose Abbis  
28 Hollander St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



112895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

Feb 18/80

47 Parkville

Ada O

McMillan

Bingham

Winfield Carroll Co Mo

Thos. H. McMillan

Cann Maker

Baltimore Mo

H. J. Pearson

387 W. Lombard



RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

112596

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth chd

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) W

3. Date of Birth Nov 18 1880

4. Place of Birth, (Street and Number) Martin Avenue

5. Full Name of Mother Bessie Head

6. Mother's Maiden Name Miss Glen

7. Mother's Birthplace Balt

8. Full Name of Father Henry Head

9. Father's Occupation Ice Dealer

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M.D.

Address 23 Franklin

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person, who shall report to the registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112897

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male  
White  
18 of October  
Baltimore King St. 179  
Catharine Sigward.  
Catharine Whisman.  
Baltimore Md  
Theodore Sigward  
Glassblower  
Baden

Elcio Dimpler

That any Physician, accoucheur, midwife, or other Person who makes this Return, shall report to the Registrar aforesaid, advise at the birth of any child, within the City of Baltimore, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112898

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 18th

4. Place of Birth, (Street and Number)

64 North Schrader St  
Maggie Ellen Perry

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

64 North Schrader St Baltimore

8. Full Name of Father,

John Henry Perry

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

New York City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dwyer

Address,

Remarks,

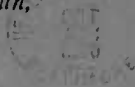
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *18<sup>th</sup> October*  
 4. Place of Birth (Street and Number) *99. N. Eden St*  
 5. Full Name of Mother *Mary C. Otto.*  
 6. Mother's Maiden Name *Link*  
 7. Mother's Birthplace *Germany*  
 8. Full Name of Father *E. W. J. Otto*  
 9. Father's Occupation *Barber*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *J. E. Gropf*  
 Address *137 Orleans St*  
 Remarks

112899



To it any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female)

2 Males

2. Race or Color (if not of the white race)

White

3. Date of Birth

October the 18 1880

4. Place of Birth (Street and Number)

Stricker st No 75

5. Full Name of Mother

Margaret Mc Carthy Somers

6. Mother's Maiden Name

Margaret Mc Carthy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Mc Carthy

9. Father's Occupation

Watch man

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. J. L. Edwards

Address

122 Pratt st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth 10. 18. 80

4. Place of Birth (Street and Number) 358 W Fayette

5. Full Name of Mother Catherine Magruder

6. Mother's Maiden Name Margelen

7. Mother's Birthplace Balto

8. Full Name of Father Wm B Magruder

9. Father's Occupation Little Carver

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Wm Eastman

Address 349 Ave

Remarks Prn. Presentation

Still Born

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>th</sup>*
1. Sex (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *18 October*
4. Place of Birth, (Street and Number) *229 Ann Street*
5. Full Name of Mother *Louise Chorman*
6. Mother's Maiden Name *Stachosky*
7. Mother's Birthplace *Hongrovia* *Germany*
8. Full Name of Father *Andrej Stachosky*
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace *Gnesen* *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Karl Güttnner*
- Address *Wolfe Street 245*
- Remarks \_\_\_\_\_

1. In any case, in which, in case, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42903

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, October the 18 1880
4. Place of Birth, (Street and Number) Baltimore No 6 Lexington St
5. Full Name of Mother, Eliza Mathews
6. Mother's Maiden Name, Keese
7. Mother's Birthplace, Calvert Co and
8. Full Name of Father, William Mathews
9. Father's Occupation, generator of coal yard
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey
- Address, 83 Oxford St
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

429014

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

19th Oct

4. Place of Birth, (Street and Number)

181 S. Charles St.

5. Full Name of Mother,

Loris Rausch

6. Mother's Maiden Name,

Wulf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Rausch

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Winick

Address,

42 Lardner St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Tolliver

3. Date of Birth Oct 18 80

4. Place of Birth, (Street and Number) No 28 Jones Alley

5. Full Name of Mother Fancis Parker

6. Mother's Maiden Name White

7. Mother's Birthplace Wright County

8. Full Name of Father William White

9. Father's Occupation Labour

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Reverend William

Address 70 The West Street

Remarks mother and child very well

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42906

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored rather light
3. Date of Birth, 2 1/2 A.M. Oct 19-80
4. Place of Birth, (Street and Number) 21 Pine Alley
5. Full Name of Mother, Anna Maria Johnson
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Ches Town Md.
8. Full Name of Father, " " "
9. Father's Occupation, " " "
10. Father's Birthplace, " " "
- Name of Medical Attendant, or other person who makes this Return, S. Berlin Clark
- Address, 235 N. Lombard St.
- Remarks,

exceptionally  
child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42907

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 19th 1880.

4. Place of Birth, (Street and Number)

206 N. Calvert St

5. Full Name of Mother,

Josephine White

6. Mother's Maiden Name,

Josephine Crowley

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Sam White

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Samuel S. Powell M.D.

Address,

1029 Disquith St

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 112908

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct 19/88

4. Place of Birth, (Street and Number)

333 Eign st

5. Full Name of Mother,

Robert Jones

6. Mother's Maiden Name,

Robert Carter

7. Mother's Birthplace,

Robert Jones Petersburg Va

8. Full Name of Father,

Charles Jones

9. Father's Occupation,

Labourer

10. Father's Birthplace,

West river

Name of Medical Attendant, or other Person who makes this Return.

Robert Proctor

Address,

No 10 Carlton st

Remarks,



I and any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-2909

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Oct the 19 1880

4. Place of Birth, (Street and Number) Baltimore No 13 Wilmore alley

5. Full Name of Mother, Eliza White

6. Mother's Maiden Name,

7. Mother's Birthplace, annapolis md

8. Full Name of Father, John T White

9. Father's Occupation, north carolinia

10. Father's Birthplace, Laborer

Name of Medical Attendant, or other Person who  
shows this Return.

Mary A Dorsey

Address,

83 Oxford St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112910

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14<sup>th</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 19<sup>th</sup> 1880

4. Place of Birth (Street and Number) 37 Low St.

5. Full Name of Mother Margaret Dorsey

6. Mother's Maiden Name " Maxwell

7. Mother's Birthplace Ireland

8. Full Name of Father James Dorsey

9. Father's Occupation Laborer

10. Father's Birthplace Brooklyn N.Y.

Name of Medical Attendant, or other person who makes this Return. E. B. Tenby

Address 319 N. Central Ave.

Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 42911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Oct 19*
4. Place of Birth, (Street and Number) *28 Douglas st*
5. Full Name of Mother, *Elirebeth Johnson*
6. Mother's Maiden Name, *Elirebeth Lane*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *John Johnson*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *md near Johnson*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Shore*
- Address, *Healthy Child*
- Remarks,



Every physician, a competent midwife, or other person in attendance upon a woman about to be delivered, or who shall deliver, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

42913

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 17th 1880
4. Place of Birth, (Street and Number) N. 502 Penna Avenue
5. Full Name of Mother, Mary Ausmus
6. Mother's Maiden Name, Mary Shaker
7. Mother's Birthplace, Kuhnison
8. Full Name of Father, J. S. Ausmus
9. Father's Occupation, Wardlight
10. Father's Birthplace, Kuhnison
- Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Schmitt N. 528 Penna Ave
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 429111

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

born on the 19 of Oct. 1880

4. Place of Birth, (Street and Number)

13 Calverton Road

5. Full Name of Mother

Mrs. Raush

6. Mother's Maiden Name

M. Schneider

7. Mother's Birthplace

City of Balt. Md.

8. Full Name of Father

John Raush

9. Father's Occupation

Laborer

10. Father's Birthplace

City of Balt.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Miller

Address

1017 W. Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42915

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether male or female)

Female  
White

2. Race or Color (if not of the white race)

3. Date of Birth

October 19 1880

4. Place of Birth (Street and Number)

124 West St

5. Full Name of Mother

Anna Parity

6. Mother's Maiden Name

John Parity

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Parity

9. Father's Occupation

labor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm E Drayton

Address

193 Chester St

Remarks

Full time

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct. 19 1880*
4. Place of Birth. (Street and Number) *211 Chestnut St*
5. Full Name of Mother *Andy Inghel*
6. Mother's Maiden Name *Mrs. Morewood*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Inghel*
9. Father's Occupation *Brick Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Miss C. Jones*
- Address *193 Chestnut St.*
- Remarks *Healthy*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Oct-19<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *47 Burgundy Alley*
5. Full Name of Mother, *Betty Hearse*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Accomac Co. Md*
8. Full Name of Father, *Alfred Hearse*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Accomac Co. Virginia*
- Name of Medical Attendant, *Deborah Thomas*  
or other Person who makes this Return.
- Address, *Burgundy Alley*
- Remarks,

That any Physician, accoucheur, midwife, or other person in attendance upon a woman at the birth of a child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42918

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



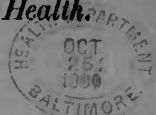
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *19 of October 1880*  
4. Place of Birth, (Street and Number) *15 Burk st*  
5. Full Name of Mother, *Rosa Gayn*  
6. Mother's Maiden Name, *Melemur*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Patrick Gayn*  
9. Father's Occupation, *Carbenter*  
10. Father's Birthplace, *Ireland*  
Name of Medical Attendant, or other Person who make this Return. *Mrs Wiley*  
Address, *No 12 Potterum Park Ave*  
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex (state whether male or female) *Female*
- Race or Color (if not of the white race) *White*
- Date of Birth *October 19th 1880*
- Place of Birth (Street and Number) *282 Allen Ave. 16*
- Full Name of Mother *Augusta Youngman*
- Mother's Maiden Name *Augusta Schlockebier*
- Mother's Birthplace *Baltimore City*
- Full Name of Father *Charles Youngman*
- Father's Occupation *Business maker*
- Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. K. Rhine, M.D.*
- Address *# 56-2. Freepelle St.*
- Remarks



# RETURN OF A BIRTH

142920

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 19-86

4. Place of Birth, (Street and Number)

1277 N. Ann Street

5. Full Name of Mother,

Louisa Simpson

6. Mother's Maiden Name,

Louisa Klein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Simpson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 286 M<sup>c</sup>Donogh St

Remarks,

Every person, residing in Baltimore, who has knowledge of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

any person, acting as such, who is not a resident of the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42921

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19 October 1880*
4. Place of Birth, (Street and Number) *278 Gay St*
5. Full Name of Mother, *Emma Frank*
6. Mother's Maiden Name, *Bair*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Kristein Frank*
9. Father's Occupation, *Dry Good Store*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Rose Ullig*
- Address, *48 Hollands St*
- Remarks,

# RETURN OF A BIRTH

112922

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child  
Mädchen

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

geboren den 19ten Oktbr

4. Place of Birth, (Street and Number)

N<sup>o</sup> 168 Cornhill Str

5. Full Name of Mother,

Emma Tisbot

6. Mother's Maiden Name,

Emma Starholt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Tisbot

9. Father's Occupation,

Handwerker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Friederike Krausmann

Address, N<sup>o</sup> 197 S. Dallas Str

Remarks,

Heim

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42923

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 19<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *No 7 Fountain St Baltimore*
5. Full Name of Mother, *Elizabeth Spinnerman*
6. Mother's Maiden Name, *Elizabeth Krebs*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Fredrick Spinnerman*
9. Father's Occupation, *Horse Shoon*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Mrs Mary E. Simms*  
or other Person who makes this Return.
- Address, *171 South Washington St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend a birth, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 19<sup>th</sup> 1880*

4. Place of Birth, (Street and Number) *Durham st near Bank st*

5. Full Name of Mother, *Sophia Wagner McLeuis*

6. Mother's Maiden Name, *Sophia Wagner*

7. Mother's Birthplace, *Bohemian*

8. Full Name of Father, *Robert McLeuis*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E. Dunning*

Address, *No 171 South Washington Street*

Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Boy

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

19 October 1890

3. Date of Birth

4. Place of Birth (Street and Number)

409 Calver St.

5. Full Name of Mother

Theresa Veriiff

6. Mother's Maiden Name

Theresa Veriiff

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William H. Veriiff

9. Father's Occupation

Teacher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary H. Veriiff

Address

Russell St. 18. 70

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist at, or receive at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*  
1. Sex, (state whether male or female) *female*  
2. Race or Color, (if not of the white race) *German*  
3. Date of Birth, *19 October*  
4. Place of Birth, (Street and Number) *349 Madison St*  
5. Full Name of Mother, *Minnie Boies*  
6. Mother's Maiden Name, *Spandau*  
7. Mother's Birthplace, *Baltimore Md*  
8. Full Name of Father, *William Boies*  
9. Father's Occupation, *Carman*  
10. Father's Birthplace, *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this return.  
Address, *Mrs Rose Ullig*  
Remarks, *48 H Island St*



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Child*  
1. Sex, (state whether male or female) *female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *19 October 1880*  
4. Place of Birth, (Street and Number) *64 Eden St*  
5. Full Name of Mother, *Ella Blumehuff*  
6. Mother's Maiden Name, *King*  
7. Mother's Birthplace, *Pensylvania*  
8. Full Name of Father, *Henry Blumhoff*  
9. Father's Occupation, *Bocher*  
10. Father's Birthplace, *Hanover*  
Name of Medical Attendant, or other Person who makes this Return  
Address, *Mrs Ross Ulbig 48 Hollands St*  
Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether Male or Female) *Female.*  
 2. Race or Color (if not of the white race) *Black.*  
 3. Date of Birth *Oct. 20<sup>th</sup>, 1880.*  
 4. Place of Birth (Street and Number) *161 W. Lombard St., Maternity.*  
 5. Full Name of Mother *Alice Cook.*  
 6. Mother's Maiden Name *"*  
 7. Mother's Birthplace *Anne Arundel Co. Md.*  
 8. Full Name of Father *Unknown.*  
 9. Father's Occupation *"*  
 10. Father's Birthplace *"*  
 Name of Medical Attendant, or other Person who makes this Return. *Spencer M. Free, M.D.*  
 Address *Maternity Hospital,*  
 Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42929

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

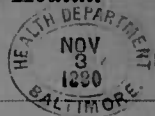
Remarks

Male  
White  
October 20 - 1882  
436 Madison Ave  
Mary Warner  
Mary Godey  
Baltimore  
H. H. Warner  
Bookkeeper  
Baltimore  
Dr. H. L. Thompson  
121 W. Monument St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



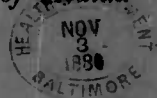
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct 20, 80*  
4. Place of Birth (Street and Number) *332 N. Stricker St.*  
5. Full Name of Mother *Nattie E. Kean*  
6. Mother's Maiden Name *Bland*  
7. Mother's Birthplace *Richmond*  
8. Full Name of Father *John L. Kean*  
9. Father's Occupation *Travelling Agent*  
10. Father's Birthplace *Virginia*  
Name of Medical Attendant, or other Person who makes this Return. *Thomas O'Neil M.D.*  
Address *581 Lexington St.*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112931

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *October the 20th 1886*

4. Place of Birth, (Street and Number) *157 West Fayette St Baltimore*

5. Full Name of Mother *Maggie Baker*

6. Mother's Maiden Name *Margaret Desjardes*

7. Mother's Birthplace *Baltimore Maryland*

8. Full Name of Father *Desmond Baker*

9. Father's Occupation *Merchant Sailor*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Meserzof*

Address *345 Donna Ave*

Remarks

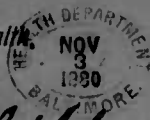
Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child; within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112932

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 1 Child*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colo*

3. Date of Birth *The 20. of October*

4. Place of Birth (Street and Number) *906 Hamberk*

5. Full Name of Mother *Mary Hall*

6. Mother's Maiden Name *Mary Washington*

7. Mother's Birthplace *annapo*

8. Full Name of Father *James Washington*

9. Father's Occupation *teaching school*

10. Father's Birthplace *annapo*

Name of Medical Attendant, or other Person who makes this Return. *Milby Goss*

Address *1181 York street*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 20th 1880

4. Place of Birth, (Street and Number)

No 263 Alice Aust

5. Full Name of Mother,

Louisa Reimig

6. Mother's Maiden Name,

" Koll

7. Mother's Birthplace,

City

8. Full Name of Father,

Ludwig Reimig  
Copper

9. Father's Occupation,

City

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz  
120 Bank St

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



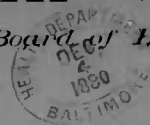
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth October 20th 1880  
 4. Place of Birth, (Street and Number) 222 Lee Street  
 5. Full Name of Mother Annie Delmon  
 6. Mother's Maiden Name Roche  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Frank Delmon  
 9. Father's Occupation Professor of Music  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. J. E. Sawyer (Carlin Street)  
 Address \_\_\_\_\_  
 Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name, .

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Oct 20, 1880  
104 S. Bond St.  
Elizabeth - White  
" Stevenson  
England  
George White  
Patter  
England  
W. H. White, M.D.  
347 N. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 20th 1886

4. Place of Birth (Street and Number) Baltimore Montgomery St 11 1/2

5. Full Name of Mother Emma Kolb

6. Mother's Maiden Name Stesch

7. Mother's Birthplace Prensa

8. Full Name of Father Wm Kolb

9. Father's Occupation Glass Cutter

10. Father's Birthplace Prensa

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address 220 Montgomery St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5-16  
F.  
M.  
Oct 20<sup>th</sup> 1881.  
47 Sterling St.  
Lizzie  
Flinch  
Balt.  
Edw. J. Morgan.  
Carpenter  
Balt.

H. T. Remonds Jr.  
186 Aisquith St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42938

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child  
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 20<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

N<sup>o</sup> 128 Cross st

5. Full Name of Mother,

Magdalena Edwards

6. Mother's Maiden Name,

Müller

7. Mother's Birthplace,

America

8. Full Name of Father,

John Edwards

9. Father's Occupation,

Ingenier

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser midwife

Address,

330 Hanover st.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 142939

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 20<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 660 S Charles St

5. Full Name of Mother, Margaret Matchinsky

6. Mother's Maiden Name, Margaret Custer

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Joseph Matchinsky

9. Father's Occupation, Superintendent Gas Works

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Theraple Cooke M.D.

Address, 146 N. Howard St

Remarks, .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Oct 20 1880*
4. Place of Birth (Street and Number) *221 N. Gay*
5. Full Name of Mother *Mary Macardell*
6. Mother's Maiden Name *Garvey*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Francis Macardell*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Geo. Reynolds*
- Address *North East Cor Monument & Calvert*
- Remarks

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

4294-1

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 20 1880*
4. Place of Birth (Street and Number) *11th Street St*
5. Full Name of Mother *Ann Macmillan*
6. Mother's Maiden Name *Ann Williams*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Macmillan*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Burke St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

42949

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*  
 1. Sex (state whether male or female) *female*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *october 20 1880*  
 4. Place of Birth (Street and Number) *174 hudson st*  
 5. Full Name of Mother *louiza souders*  
 6. Mother's Maiden Name *louiza moetyger*  
 7. Mother's Birthplace *baltimore*  
 8. Full Name of Father *george souders*  
 9. Father's Occupation *laborer*  
 10. Father's Birthplace *baltimore city*  
 Name of Medical Attendant, or other Person who makes this Return. *Rachel ann garrett*  
 Address *66 burke st*  
 Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1129143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Sept. or the 20 of Oct. 1880

4. Place of Birth, (Street and Number)

102 Lemon Alley

5. Full Name of Mother

Mrs. Brown

6. Mother's Maiden Name

Mrs. Keamer

7. Mother's Birthplace

Wardensberg Germany

8. Full Name of Father

Henry Brown

9. Father's Occupation

Booker

10. Father's Birthplace

Wardensberg Germany

Name of Medical Attendant,

or other Person who makes this Return

J. M. Lilla

Address

1017 W. Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1429414

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

J. R.

1. Sex (state whether male or female)

white

2. Race or Color (if not of the white race)

Oct 20 1880

3. Date of Birth

4. Place of Birth (Street and Number)

223 Franklin Ave

5. Full Name of Mother

Terena Hoff

6. Mother's Maiden Name

Schwarz

7. Mother's Birthplace

Baltimore

8. Full Name of Father

J. Victor Hoff

9. Father's Occupation

Long & Francis Herchman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

H. A. Spencer M.D.  
307 N. Lombard St

Remarks

That any Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

142943

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 20<sup>th</sup> 1889*
4. Place of Birth, (Street and Number) *Canton Avenue*
5. Full Name of Mother, *Emma Smith Bennett*
6. Mother's Maiden Name, *Emma Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Bennett*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary E. Jones*
- Address, *No 171 S. Washington street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



1129111

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 20 1880

4. Place of Birth (Street and Number) 9. S. High St.

5. Full Name of Mother Sarah Rosenheim

6. Mother's Maiden Name Sarah Freed

7. Mother's Birthplace city.

8. Full Name of Father Leopold Rosenheim

9. Father's Occupation Merchant

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Herbert A. Woodard M.D.

Address \_\_\_\_\_

Remarks \_\_\_\_\_

and also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth, ...

20<sup>th</sup> October

4. Place of Birth, (Street and Number)

Hollins ave. No. 5

5. Full Name of Mother,

Mary Ward

6. Mother's Maiden Name,

Mary Cuddy

7. Mother's Birthplace,

Dublin

8. Full Name of Father,

Fredrick Ward

9. Father's Occupation,

Blackman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Gumbler

Address,

South Schroeder St

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1129118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white race*
3. Date of Birth, *20<sup>th</sup> of October*
4. Place of Birth, (Street and Number) *566 Lexington st.*
5. Full Name of Mother, *Louise Duke*
6. Mother's Maiden Name, *Louise Burmeister*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Henry Love*
9. Father's Occupation, *Cabinet-maker*
10. Father's Birthplace, *Prussia German Empire*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Duncker*
- Address, *41 Shroder st.*
- Remarks,

also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42949

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
- 1. Sex, (state whether male or female) Male
- 2. Race or Color, (if not of the white race) White
- 3. Date of Birth, Oct. 14 1880
- 4. Place of Birth, (Street and Number) 168 William St.
- 5. Full Name of Mother, Catherine C. H. H. H.
- 6. Mother's Maiden Name, Catherine C. H. H.
- 7. Mother's Birthplace, Baltimore
- 8. Full Name of Father, J. C. H. H.
- 9. Father's Occupation, Carpenter
- 10. Father's Birthplace, Carroll County
- Name of Medical Attendant, Dr. J. C. H. H.
- Address, 168 William St.
- Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

112950

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *20th Oct*  
4. Place of Birth (Street and Number) *145 Hampden St*  
5. Full Name of Mother *Mary Lambert*  
6. Mother's Maiden Name *Mary T. Long*  
7. Mother's Birthplace *Philadelphia Pa*  
8. Full Name of Father *James E. Lambert*  
9. Father's Occupation *Stone Keeper*  
10. Father's Birthplace *Balt. City*  
Name of Medical Attendant, or other Person who makes this return. *Mrs Sarah Lullens*  
Address *104 Bayley St Baltimore*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2<sup>nd</sup>  
Female

White

October 21, 1880

132 N. Elders St.

Annie Stack

Annie Murphy

Ireland

John J. Stack

Railway Conductor

Maryland

J. W. Horck M.D.

78 E. Balt. St.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

4. Place of Birth, (Street and Number)

14 Hull Lane

5. Full Name of Mother,

Laura Hodges

6. Mother's Maiden Name,

Laura Agnes

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

George Hodges

9. Father's Occupation,

Porter

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Harnet Jackson

Address,

# 5. Forrest Street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall receive, or be  
advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
 as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days  
 thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
 condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
 name of the mother of such child or children.

# RETURN OF A BIRTH, 112953

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether male or female) male  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Oct. 2/1900  
 4. Place of Birth, (Street and Number) Worship St 136  
 5. Full Name of Mother Annie Cowman  
 6. Mother's Maiden Name Annie Fisher  
 7. Mother's Birthplace Baltimore Md.  
 8. Full Name of Father ~~William L.~~ Albert Cowman  
 9. Father's Occupation Clerk  
 10. Father's Birthplace Baltimore Md.  
 Name of Medical Attendant, or other Person who makes this Return James Bodeman M.D.  
 Address Cor. Argyle Ave. & Worship St.  
 Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First.  
Male.  
White  
October 21<sup>st</sup> 1880.  
Mrs. President Street  
Ellen. Montague  
Ellen. Cookman.  
Ireland  
Eugene. V. Montague  
Barkeeper.  
England.  
Mrs. Eliza. Humming  
1<sup>st</sup> 15 Altman Street  
(City)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 21st 1880

4. Place of Birth (Street and Number)

70 Parkins

5. Full Name of Mother

Emma Baylis

6. Mother's Maiden Name

Emma Schut

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Edward Baylis

9. Father's Occupation

Moulder

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

B. F. Phillips M.D.

Address

327 N Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

October 27, 1880.  
288 N. Trinker St.  
Ella V. Kingley  
Ella V. Acker.  
Baltimore City.  
Isaac M. D. Kingley  
Safeguard  
Baltimore City.  
John S. R. Meyer, M.D.  
City.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-29-57

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2
1. Sex, (state whether male or female).... female
2. Race or Color, (if not of the white race).... Colored
3. Date of Birth,.... Oct. 21
4. Place of Birth, (Street and Number).... 38 Artisan St
5. Full Name of Mother,.... Harriet Gillman
6. Mother's Maiden Name,.... Harriet James
7. Mother's Birthplace,.... Baltimore Md.
8. Full Name of Father,.... John Gillman
9. Father's Occupation,.... Dr. Quarters
10. Father's Birthplace,.... Baltimore Md
- Name of Medical Attendant, or other Person who make this Return..... Mrs. Leon John son
- Address,.... no 18 Chart st
- Remarks,.... healthy child



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42958

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 October
4. Place of Birth, (Street and Number) 9 N. High
5. Full Name of Mother, Lizzie Doel
6. Mother's Maiden Name, Emilian
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Wm. Doel
9. Father's Occupation, Printer
10. Father's Birthplace, Balt. Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Sara Casper
- Address, 526 Lombard St.
- Remarks,

also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42959

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *21st Oct 1880*  
 4. Place of Birth, (Street and Number) *37 Cannon St*  
 5. Full Name of Mother, *Mary Bastert*  
 6. Mother's Maiden Name, *Mary Wollermann*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *William Bastert*  
 9. Father's Occupation, *Store Merchant*  
 10. Father's Birthplace, *Germany*  
 Name of Medical Attendant, or other Person who make this Return. *Mrs Wiley*  
 Address, *No 12 Patterson Park Ave*  
 Remarks, *Called in Dr. Gately*



# RETURN OF A BIRTH.

42961

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) *it is the 3*  
 state whether Male or Female) *it is a boy Child*  
 or Color (if not of the white race) *black*  
 of Birth *Oct 21*  
 of Birth (Street and Number) *No 19 Mulberry Court*  
 Name of Mother *Jenny Johnson*  
 Maiden Name *Jenny Wilson*  
 Birthplace *Maryland*  
 Name of Father *John Johnson*  
 Occupation *Waiter*  
 Birthplace *Maryland*  
 of Medical Attendant, or other Person who makes this Return. *Milly Blake*  
*53 Carlton St*  
 Marks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

*O'Donke first*

1. Sex (state whether Male or Female)

*male*

2. Race or Color (if not of the white race)

3. Date of Birth

*21 Oct*

4. Place of Birth (Street and Number)

*Baltimore May St*

5. Full Name of Mother

*B. Kins' mother*

6. Mother's Maiden Name

7. Mother's Birthplace

*Maryland*

8. Full Name of Father

*1*

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

*Olis Schaplin*

Address

*No 21 May St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th

female

colas

Tuesday 21st 1880

China Street

Lily Green

Lily Perkins

Eastern Shore

M. A.

John Green

General Laborer

Calvert County, Md.

May A. Bennett

51 Leadenhall St.

very good time

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex, (state whether male or female)..

White

2. Race or Color, (if not of the white race)

Oct 21st 1880

3. Date of Birth,

248 Barry av

4. Place of Birth, (Street and Number).

Mary C. Myers

5. Full Name of Mother,

Mary C. Crispin

6. Mother's Maiden Name,

Beth Md

7. Mother's Birthplace,

J. F. D. Myers

8. Full Name of Father,

Cigar maker

9. Father's Occupation,

Washington D.C.

10. Father's Birthplace,

Thos. C. Cooke Md

Name of Medical Attendant, or other Person who makes this Return.

146 N. Main St

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *6. Child*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *Colored*  
 3. Date of Birth, *21 October*  
 4. Place of Birth, (Street and Number) *80. Cisset St.*  
 5. Full Name of Mother, *Bessie Green*  
 6. Mother's Maiden Name, *" Jones*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Bengiman Green*  
 9. Father's Occupation, *Bricklayer*  
 10. Father's Birthplace, *Accimox County*  
 Name of Medical Attendant, or other Person who makes this Return, *Angelline Nelson*  
 Address, *819. Lombard St.*  
 Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second, 2<sup>d</sup>

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Thursday, October 21<sup>st</sup> 1880

4. Place of Birth, (Street and Number)

No. 312 Orleans St. Cor. Lombard

5. Full Name of Mother

Mrs. Georgie Keller

6. Mother's Maiden Name

Miss Georgie Dietz

7. Mother's Birthplace

Germany

8. Full Name of Father

Mr. Frederick Keller

9. Father's Occupation

Lager Beer Saloon

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm H. Glendinning M.D.

Address

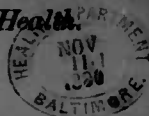
No. 102 N. Broadway

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth Oct 21st 1888

4. Place of Birth, (Street and Number) 120 S. Race St

5. Full Name of Mother Fanny Miller

6. Mother's Maiden Name Neuschau

7. Mother's Birthplace Maryland

8. Full Name of Father Isaac Miller

9. Father's Occupation Stock Broker -

10. Father's Birthplace Germany, Prussia

Name of Medical Attendant, or other Person who makes this Return. J. H. Murray

Address 76 Race St

Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, oct the 21 1880

4. Place of Birth, (Street and Number) Baltimore No 4 Upton St

5. Full Name of Mother, Mary Smallwood

6. Mother's Maiden Name, Wise

7. Mother's Birthplace, Baltimore Co md

8. Full Name of Father, Philip Smallwood

9. Father's Occupation, Drayman

10. Father's Birthplace, Calvert Co md

Name of Medical Attendant, or other person who makes this Return.

Mary A Dorsey

Address,

83 Oxford St

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

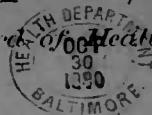
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2?*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Oct. 21*
3. Date of Birth, *Balt. 5. opposite Oregon*
4. Place of Birth, (Street and Number) *Mary Clifford*
5. Full Name of Mother, *Dodson*
6. Mother's Maiden Name, *Balt.*
7. Mother's Birthplace, *Charles Clifford*
8. Full Name of Father, *Plunkett*
9. Father's Occupation, *Balt.*
10. Father's Birthplace, *St. M. Wilson*
- Name of Medical Attendant, or other Person who makes this Return. *207 Mad. Ave*
- Address,
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>d</sup>

1. Sex, (state whether male or female) Female, White -

2. Race or Color, (if not of the white race)

3. Date of Birth,

21<sup>st</sup> Oct. 1880.

4. Place of Birth, (Street and Number)

388 Franklin St.

5. Full Name of Mother,

Laura P. Wolf.

6. Mother's Maiden Name,

Pickering

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Jacob Wolf

9. Father's Occupation,

Store Dealer

10. Father's Birthplace,

York Pa

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

H. W. Owings, M. D.  
274 Madison Ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_  
 1. Sex (state whether male or female) \_\_\_\_\_  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Feb 2nd 1880*  
 4. Place of Birth (Street and Number) *10 15 York Ave*  
 5. Full Name of Mother *Ellie Spillhous*  
 6. Mother's Maiden Name *Clark*  
 7. Mother's Birthplace *Spain Mo*  
 8. Full Name of Father *Saml A. Spillhous*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Baltimore Mo*  
 Name of Medical Attendant, or other Person who makes this Return. *J. S. Spillhous*  
 Address *357 W. Lombard St*  
 Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 22nd / 1880

4. Place of Birth (Street and Number)

652 Lombard St

5. Full Name of Mother

Emma Simpson

6. Mother's Maiden Name

Par

7. Mother's Birthplace

Baltimore Ind

8. Full Name of Father

B Lewis Simpson

9. Father's Occupation

Custom House Officer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D M Cuthrell M.D.

Address

217 Broadway

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

112973

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth October 22 1880

4. Place of Birth, (Street and Number) Cor. Oriole & Wolfe St.

5. Full Name of Mother Kathrine Wick

6. Mother's Maiden Name Kath. Kaufmann

7. Mother's Birthplace Baltimore

8. Full Name of Father Fleminck Wick

9. Father's Occupation Barkeeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maxim R. Rudiger

Address 134 & Bond St.

Remarks



relvise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11 Child

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)

Jewish

3. Date of Birth,

22 October 1880

4. Place of Birth, (Street and Number)

109 Asquith St

5. Full Name of Mother,

Sarah Meichnick

6. Mother's Maiden Name,

Schiller

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Horace Meichnick

9. Father's Occupation,

Bedler

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Mrs. Rose Ullig

Remarks,

28 Hollander St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth October 22

4. Place of Birth (Street and Number) 12 550 Chaperon St

5. Full Name of Mother Hannah Cecilia Benson

6. Mother's Maiden Name Hannah Cecilia Wallis

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Benson

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Baylis

Address 12 550 Chaperon St

Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42976

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



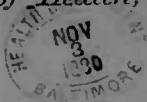
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Friday October 22<sup>d</sup> 1880.*
4. Place of Birth, (Street and Number) *N. 5th West Lombard Street*
5. Full Name of Mother, *Elizabeth Engel (born Helfenbein)*
6. Mother's Maiden Name, *Hessen Darmstadt Germany*
7. Mother's Birthplace, *Conrad Engel*
8. Full Name of Father, *Barthel Hess Darmstadt*
9. Father's Occupation, *Hess Hessen Germany*
10. Father's Birthplace, *Mrs. Darmstadt*
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks,

that any physician, accoucheur, midwife, or other person in attendance upon the mother, who shall deliver, or who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42977

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 October

4. Place of Birth, (Street and Number)

421 Grandview St.

5. Full Name of Mother,

Louise Smith

6. Mother's Maiden Name,

S. Wright

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Smith

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Richardson Munn

Address,

42 Grandview St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42978

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7  
1. Sex (state whether Male or Female) male  
2. Race or Color (if not of the white race) Colored  
3. Date of Birth Oct 22  
4. Place of Birth (Street and Number) 368 Cross Street  
5. Full Name of Mother Annie Stanford  
6. Mother's Maiden Name Stanford  
7. Mother's Birthplace Easton Shore  
8. Full Name of Father George Edmonstone  
9. Father's Occupation Stonemason  
10. Father's Birthplace Saint Island  
Name of Medical Attendant, or other Person who makes this return Barbara Brooks  
Address 210 Warner Street  
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42979

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 6th
1. Sex, (state whether male or female) .....
2. Race or Color, (if nat of the white race) .....
3. Date of Birth, ..... Oct. 22. 1880
4. Place of Birth, (Street and Number) ..... W. Waller St No 6.
5. Full Name of Mother, ..... Maryannky Fritsch
6. Mother's Maiden Name, ..... Berne
7. Mother's Birthplace, ..... Berne
8. Full Name of Father, ..... Henry Fritsch
9. Father's Occupation, ..... Carpenter
10. Father's Birthplace, ..... Berne
- Name of Medical Attendant, or other Person who makes this Return. .... Mrs. S. H. Brown
- Address, ..... 11 W. Waller St No 6
- Remarks, ..... [Signature]

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43980

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *22<sup>nd</sup> October 1888.*
4. Place of Birth, (Street and Number) *1679 Canon Alley*
5. Full Name of Mother, *Maggie Rueble*
6. Mother's Maiden Name, *cininger*
7. Mother's Birthplace, *Wilheim "B. W. Hamburg Germany*
8. Full Name of Father, *Frederick Rueble*
9. Father's Occupation, *Jobber Gilder*
10. Father's Birthplace, *Wilheim "B. W. Hamburg Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Katharine Seebach*
- Address, *439 West Pratt St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11-2981

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1  
 1. Sex (state whether Male or Female) Male.  
 2. Race or Color (if not of the white race) White.  
 3. Date of Birth October 22d - 2:10 A.M.  
 4. Place of Birth (Street and Number) No. 188 Dover Street  
 5. Full Name of Mother Catherine Weissman  
 6. Mother's Maiden Name Schildenberg.  
 7. Mother's Birthplace Germany.  
 8. Full Name of Father Andrew Weissman  
 9. Father's Occupation Labour.  
 10. Father's Birthplace Germany.  
 Name of Medical Attendant, or other Person who makes this Return. Dr. H. A. Purdie, M.D.  
 Address South-east Corner Columbia Ave. & President St. Phos.  
 Remarks Child in good physical condition, & living



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



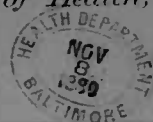
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *145 Druid Hill at*
4. Place of Birth (Street and Number) *Oct 22nd 1880*
5. Full Name of Mother *Elizabeth Kestler Neanz*
6. Mother's Maiden Name *Kestler*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Fredrick Wm Neanz*
9. Father's Occupation *Provision Dealer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *C. Huslock*
- Address *27 McCallum St*
- Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

4-2983

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First  
Male  
White  
Oct 22d 1880  
219 Druid Hill Ave  
Mary Victoria  
Birney  
Baltimore  
Henry Snowden  
Mechanic  
Price George Lee Med  
Elias R Price M.D.  
262 Madison Ave

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male  
White  
October 22<sup>nd</sup> 1880  
26 Warren Avenue  
Mary E. Smith  
Mary E. Clark  
Phila. delph.  
John H. Smith  
Hat Blower  
Baltimore  
H. B. Noble M.D.  
17 Warren Av.

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112985

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy 4*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *October the 22*  
 4. Place of Birth, (Street and Number) *No 2 randall st*  
 5. Full Name of Mother, *elinebeth Weaver*  
 6. Mother's Maiden Name, *elinebeth randall*  
 7. Mother's Birthplace, *city of Baltimore*  
 8. Full Name of Father, *august Weaver*  
 9. Father's Occupation, *Master*  
 10. Father's Birthplace, *danvers*  
 Name of Medical Attendant, or other Person who makes this Return, *Dr. William Smith*  
 Address, *386 north sharp st Baltimore*  
 Remarks,

# RETURN OF A BIRTH.

11-2986

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c) 1

sex (state whether Male or Female) Male

race or Color (if not of the white race) Black

date of Birth Friday Oct 20 1880

place of Birth (Street and Number) Elm Street

full Name of Mother Ellen Simes

Mother's Maiden Name

Mother's Birthplace

full Name of Father Tom Simes

Father's Occupation Coal Carrier

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Colline Jones

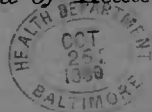
Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *22 of October 1880*  
4. Place of Birth, (Street and Number) *No 11 Burk st*  
5. Full Name of Mother, *Annaburgan*  
6. Mother's Maiden Name, *Hortner*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *John Burgan*  
9. Father's Occupation, *Salvor*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, *or other Person who makes this Return* *Mrs Wiley*  
Address, *No 18 Patterson Park*  
Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42988

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 22 October
4. Place of Birth, (Street and Number) 8 1/2 E. Lombard
5. Full Name of Mother, Lizzie Schechter
6. Mother's Maiden Name, Waller
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Christ Schechter
9. Father's Occupation, Clocksmith
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Lida Casper
- Address, 12 E. Lombard
- Remarks, \_\_\_\_\_

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH <sup>42989</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 October

4. Place of Birth, (Street and Number)

92 E. Lombard

5. Full Name of Mother,

Mable Selber

6. Mother's Maiden Name,

Herdie

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Fred Selber

9. Father's Occupation,

Workman

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sara Casper

Address,

92 E. Lombard

Remarks,



# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Oct. 22 of Oct. 1880

4. Place of Birth, (Street and Number)

6 Beluerton Road

5. Full Name of Mother

K. Hoslowiski

6. Mother's Maiden Name

K. Klaus

7. Mother's Birthplace

West Prussia Germany

8. Full Name of Father

August Hoslowiski

9. Father's Occupation

laborer

10. Father's Birthplace

West Prussia

Name of Medical Attendant, or other Person who makes this Return

Mr. Miller

Address

1017 W. Pratt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex (state whether Male or Female)

Female -

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 22 - 1880

4. Place of Birth (Street and Number)

N. Gilmore st. near Lammale Ave -

5. Full Name of Mother

Alice Ditman

6. Mother's Maiden Name

Alice Demers

7. Mother's Birthplace

Baltimore County Md.

8. Full Name of Father

Henry Ditman

9. Father's Occupation

Custom House official

10. Father's Birthplace

B. C.

Name of Medical Attendant, or other Person who makes this Return.

J. Harvey Hill M.D.

Address

119 Edmondson Avenue.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 23rd 1880

4. Place of Birth, (Street and Number)

453 Light St

5. Full Name of Mother,

Louise G. Scheneyer

6. Mother's Maiden Name,

Lampe

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William G. Scheneyer

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser midwife

Address,

330 Harrison St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

42993

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 23<sup>d</sup> 1880

4. Place of Birth (Street and Number)

No 14 Laurel St.

5. Full Name of Mother

Mary Hawkins

6. Mother's Maiden Name

Mary Kelley

7. Mother's Birthplace

Delaware

8. Full Name of Father

Thomas Hawkins

9. Father's Occupation

Sawyer

10. Father's Birthplace

Delaware

Name of Medical Attendant, or other Person who makes this Return.

Wm H. Harris M. D.

Address

No. 294 N. Gilman & 99 N. Charles St.

Remarks

7 months child, premature labor,

born on the 23<sup>d</sup> Oct & died on the 25<sup>th</sup>

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

429911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *23 October*
4. Place of Birth, (Street and Number) *32 Grant St*
5. Full Name of Mother, *Clara McQuire*
6. Mother's Maiden Name, *Fibs*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *Andrew McQuire*
9. Father's Occupation, *Workman*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Casper*
- Address, *17 E. Lombard*
- Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 11

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 23 of 1880

4. Place of Birth, (Street and Number) 16192 Hartman

5. Full Name of Mother Jungander, Emil

6. Mother's Maiden Name Jungander, Frank

7. Mother's Birthplace Germany

8. Full Name of Father Henry, Frank

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. F. L. Langer

Address (113 Hartman)

Remarks 1880

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

42996

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 23 October

4. Place of Birth, (Street and Number) No 396 Gay St

5. Full Name of Mother Albertine Sulaska

6. Mother's Maiden Name Ligler

7. Mother's Birthplace Germany

8. Full Name of Father Frank Sulaska

9. Father's Occupation A Blacksmith

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Vernon

Address No 70 Gay St

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, <sup>11997</sup>

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Oct. 23 1880
4. Place of Birth, (Street and Number) Long 2 Bay Bridge W. Jahnstr.
5. Full Name of Mother Kathrine Rudiger
6. Mother's Maiden Name Kath: Rother
7. Mother's Birthplace Baltimore
8. Full Name of Father Gustaf Rudiger
9. Father's Occupation Kalender
10. Father's Birthplace Germane
- Name of Medical Attendant, brother person who makes this return. Marie R. Rudiger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_

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That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH, 112998

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 22 1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 12 22<sup>nd</sup> 1880

4. Place of Birth, (Street and Number) 137 S. Carham Street

5. Full Name of Mother Maria Groll

6. Mother's Maiden Name Maria Lukanau

7. Mother's Birthplace Germany

8. Full Name of Father William Groll

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. M. M. J. J.

Address 137 S. Carham Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

42999

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 23<sup>rd</sup> 1880

4. Place of Birth, (Street and Number)

394 E. Balt. St.

5. Full Name of Mother,

Mrs. Sarah Cecilia Constantine,

6. Mother's Maiden Name,

" " Thomas,

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Capt. Daniel Constantine

9. Father's Occupation,

Contractor

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

E. Claville, M.D.

Address,

Balt. & Wash. D.C.

Remarks,

Natural, feet presentation.



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 43000

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, At ~~Leona Avenue~~ October 13 1886

4. Place of Birth, (Street and Number) N. 373 Leona Avenue

5. Full Name of Mother, Julia Lath

6. Mother's Maiden Name, Maria Kinnel

7. Mother's Birthplace, Ireland

8. Full Name of Father, Andrew Baker

9. Father's Occupation,

10. Father's Birthplace, Spain

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Mrs. C. Schmitt

N. 4 1/2 S. Leona Ave.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43001

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *Caucasoid*  
 3. Date of Birth, *23 October*  
 4. Place of Birth, (Street and Number) *108. Hamburg st.*  
 5. Full Name of Mother, *Finnie Jones*  
 6. Mother's Maiden Name, *Williams*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *William Jones*  
 9. Father's Occupation, *Cyler Shucker*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, *or other Person who makes this Return.* *Angelline Wilson*  
 Address, *319 Hamburg st*  
 Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

13002

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The fifth

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

The 23<sup>rd</sup> day of October

4. Place of Birth (Street and Number)

No 12 Madison St

5. Full Name of Mother

Catharina Perrella

6. Mother's Maiden Name

Same

7. Mother's Birthplace

Genova Italia

8. Full Name of Father

Nicoll Perrella

9. Father's Occupation

Dealer

10. Father's Birthplace

Genova Italia

Name of Medical Attendant, or other Person who makes this Return.

Dr. Louis G. Gorman

Address

No 26 N. Smith St

Remarks

Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43003

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 23 1890*

4. Place of Birth (Street and Number) *Edgys Street No 31*

5. Full Name of Mother *Elizabeth Arc*

6. Mother's Maiden Name *Elizabeth Saunders*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Arc*

9. Father's Occupation *huxter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Mary C. Andersen*

Address *No 10 Edgys Street*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



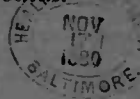
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*  
1. Sex (state whether Male or Female) *Female.*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth *Oct-23. 1880.*  
4. Place of Birth (Street and Number) *112 George St.*  
5. Full Name of Mother *Marg. Ludwig.*  
6. Mother's Maiden Name *Disney.*  
7. Mother's Birthplace *Md.*  
8. Full Name of Father *Wm. F. Ludwig.*  
9. Father's Occupation *Shoemaker.*  
10. Father's Birthplace *Pennsylvania.*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. W. S. Morgan.*  
Address *175 Charlotte St.*  
Remarks \_\_\_\_\_

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43005

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 23rd 1880

4. Place of Birth, (Street and Number)

No 121 Biddle St.

5. Full Name of Mother

Annia Willson

6. Mother's Maiden Name

Presston

7. Mother's Birthplace

Harford county

8. Full Name of Father

Wm Willson

9. Father's Occupation

Coach Painter

10. Father's Birthplace

Baltimore county

Name of Medical Attendant, or other Person who  
makes this Return.

Wm. M. A. Bull

Address

No 185 S. E. cor Central av. & Monument St.

Remarks

All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth:

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female.  
White  
Oct. 23<sup>rd</sup> 1880.  
Maternite 161 N. Lombard St.  
Ida J. Everett.  
" " "  
South Carolina.  
Unknown.  
"  
" "  
Spencer M. Free M.D.  
Maternite Hospital.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

143007

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 23<sup>rd</sup> 1880.

4. Place of Birth (Street and Number)

Maternity Hospital, 161 N. Lombard

5. Full Name of Mother

Lizzie Jones

6. Mother's Maiden Name

"

7. Mother's Birthplace

Carroll Co., Md.

8. Full Name of Father

Unknown

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.  
Maternity Hospital.

Address

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

143008

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 23<sup>rd</sup> 1880.

4. Place of Birth (Street and Number)

Maternity 161 1/2 Lombard St.

5. Full Name of Mother

Willie Morgan.

6. Mother's Maiden Name

"

7. Mother's Birthplace

Dover, Delaware.

8. Full Name of Father

Unknown.

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.  
Maternity Hospital.

Address

Remarks



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113009

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 6<sup>th</sup>
1. Sex, (state whether male or female) ... Female
2. Race or Color, (if not of the white race) ...
3. Date of Birth, ... Oct 23<sup>d</sup>
4. Place of Birth, (Street and Number) ... # 93 Montgomery St.
5. Full Name of Mother, ... Elizabeth Schatz
6. Mother's Maiden Name, ... Reitz
7. Mother's Birthplace, ... Kurlhessen
8. Full Name of Father, ... Adam Schatz
9. Father's Occupation, ... Shoemaker
10. Father's Birthplace, ... Sachsen
- Name of Medical Attendant, or other Person who makes this Return. ... Mary Kroh
- Address, ... # 328 S. Eutam St.
- Remarks, ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

43010

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8<sup>th</sup>  
1. Sex (state whether Ma'e or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth October 23<sup>rd</sup> 1880  
4. Place of Birth (Street and Number) 165 George St  
5. Full Name of Mother May Alice Davidson  
6. Mother's Maiden Name " Becharlton  
7. Mother's Birthplace Virginia  
8. Full Name of Father W. B. Davidson  
9. Father's Occupation Clerk  
10. Father's Birthplace New York  
Name of Medical Attendant, or other Person who makes this Return. J. C. Libbous M.D.  
Address 47 Edmondson ave  
Remarks

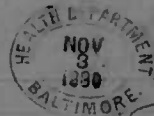
advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

413011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Oct. 23<sup>rd</sup> 1890*  
 4. Place of Birth, (Street and Number) *42 Monroe St. Baltimore*  
 5. Full Name of Mother, *Mary E. Hill*  
 6. Mother's Maiden Name, *Reed*  
 7. Mother's Birthplace, *London County, Virginia*  
 8. Full Name of Father, *Thomas Hill*  
 9. Father's Occupation, *Carpenter*  
 10. Father's Birthplace, *Richmond Virginia*  
 Name of Medical Attendant, or other Person who makes this Return, *M. J. Lemmon*  
 Address, *1125 N. Maryland Ave.*  
 Remarks, *a Transmended baby 14 lb. healthy & strong.*

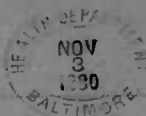


advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43012

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)..

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 23<sup>d</sup>. 1880

4. Place of Birth, (Street and Number)

179 Patterson Park Ave.

5. Full Name of Mother,

Rosina King

6. Mother's Maiden Name,

Haas

7. Mother's Birthplace,

City

8. Full Name of Father,

Thomas King

9. Father's Occupation,

Car Inspector

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Beck

Address,

120 Bank St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physician or midwife, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

113013  
113014

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 and 6 "Child. Turner"
1. Sex (state whether male or female) Both males
2. Race or Color, (if not of the white race) White
3. Date of Birth 16 M<sup>o</sup> 22<sup>d</sup> 1880
4. Place of Birth, (Street and Number) 24 N. Gay St.
5. Full Name of Mother Margaret Gordon
6. Mother's Maiden Name Margaret Casey
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Gordon
9. Father's Occupation Tavern Keeper
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. W. Kiley M. D.
- Address 306 Madison Avenue
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or nurse person in charge, who shall receive, within six days thereafter, notice from the registrar aforesaid, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43015

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 23<sup>rd</sup> 1880
4. Place of Birth, (Street and Number) in rear of 59 East St
5. Full Name of Mother, Mary Burke
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Burke
9. Father's Occupation, Stonemason
10. Father's Birthplace, Balto Md
- Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson
- Address, 45 Front St
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 23<sup>rd</sup> 1880

4. Place of Birth (Street and Number) No 114 Clement St.

5. Full Name of Mother Anna Jacobs

6. Mother's Maiden Name Anna Wilder

7. Mother's Birthplace Baltimore

8. Full Name of Father John T. Jacobs

9. Father's Occupation Police officers

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Catherine Harman

Address No 106 West St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 23rd 1890*

4. Place of Birth (Street and Number) *298 E. Monument St*

5. Full Name of Mother *Harriet-Matilda Phippard*

6. Mother's Maiden Name *Plaugh*

7. Mother's Birthplace *Bart County*

8. Full Name of Father *John C. R. Phippard*

9. Father's Occupation *Plasterer*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Leticia T. Hoar*

Address *133. Orleans St*

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childre born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 23<sup>rd</sup> 1880

4. Place of Birth, (Street and Number) Below Green No number

5. Full Name of Mother Catherine Hollenfer

6. Mother's Maiden Name Catherine Sauer

7. Mother's Birthplace Germany

8. Full Name of Father John P. Hollenfer

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Hollenfer

Address 118 E. Monument St.

Remarks \_\_\_\_\_

*Schizothorax sinensis* was found in the following rivers:

43019

th. HEALTH DEPARTMENT  
NOV 5 1980  
BALTIMORE

Second

Female

White

October 23<sup>rd</sup> / 1889

202 1/2 Light Street

Mary A. Leonard

Mary A Keller

Washington N.B.

*Wm L. Clark*

Electrotypes furnished

Philadelphia P. 9

G. R. Wilson Mrs

158. *Hammer* *Sp.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



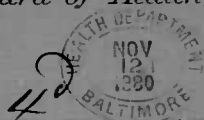
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Girl
2. Race or Color (if not of the white race) W
3. Date of Birth October 23<sup>rd</sup> 1880
4. Place of Birth (Street and Number) 18 Arch St.
5. Full Name of Mother Anna Frost Birckett Waller
6. Mother's Maiden Name Anna Frost Birckett
7. Mother's Birthplace Balto
8. Full Name of Father George Rochester Waller
9. Father's Occupation Clerk
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. C. H. MacLeod
- Address 23 W. Calver St.
- Remarks \_\_\_\_\_



I list any physician, accoucheur, midwife, or other person in charge, who shall inform, as aforesaid, of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) .....

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
make this Return.

Address,

Remarks,

Male  
White  
October 23<sup>rd</sup> 1880  
102 Batley Avenue  
Mary Perkins  
Mary Carroll  
Baltimore  
Joe Perkins  
Laborer

Ind  
H. B. Noble M.D.  
17. Warman

That any physician, accoucheur, midwife, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1130221

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female  
White  
October 23<sup>rd</sup> 1880  
93 Leadenhall St  
Julia Jenkins  
Julia Rice  
Wm  
Jas Jenkins  
Laborer  
Md  
H. B. Noble M.D.  
13, Hammond

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 23rd 1890

4. Place of Birth, (Street and Number)

116 Maryland St

5. Full Name of Mother,

Johanna Killion

6. Mother's Maiden Name,

Gale

7. Mother's Birthplace,

Headlands Prime

8. Full Name of Father,

Thomas W. Miller

9. Father's Occupation,

Dr

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. L. Garrison

Address,

116 Maryland St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

143024-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd child Willie J. Sullivan*

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct. 23rd 1888*

4. Place of Birth (Street and Number) *16 New St.*

5. Full Name of Mother *Lana Sullivan*

6. Mother's Maiden Name *Lint*

7. Mother's Birthplace *Sullivan*

8. Full Name of Father  *Eugene J. Sullivan*

9. Father's Occupation *Picture frame dealer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*Chas. Dickson M.D.*

Address

*261 Madison Ave.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *october 23 1880*
4. Place of Birth (Street and Number) *7 harrison st canton*
5. Full Name of Mother *bridget o'neil*
6. Mother's Maiden Name *bridget kinesley*
7. Mother's Birthplace *ireland*
8. Full Name of Father *william oneil*
9. Father's Occupation *laborer*
10. Father's Birthplace *portsmouth new hampshire*
- Name of Medical Attendant, or other Person who makes this Return. *Bachel m r garrett*
- Address *65 burke st*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Oct. 23rd  
4. Place of Birth (Street and Number) 389 Park Ave  
5. Full Name of Mother Mary D Hunter  
6. Mother's Maiden Name Mary Devreux  
7. Mother's Birthplace New York  
8. Full Name of Father Edw. W. Hunter  
9. Father's Occupation Merchant  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Henry J. Benson  
Address No. 2. Cathedral St.  
Remarks \_\_\_\_\_

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct 24 1880
4. Place of Birth, (Street and Number) 52 West St
5. Full Name of Mother Louisa J. Martins
6. Mother's Maiden Name Louisa J. Martins
7. Mother's Birthplace Louisville Ky
8. Full Name of Father Chas J. Martins
9. Father's Occupation Builder
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Miss An Hart
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

48025  
2d.  
Male  
White.  
October 24<sup>th</sup> 1880.  
193 Penna. Avenue.  
Kate Kohlheip.  
Vorndran.  
Balto. City Md.  
Anton Kohlheip.  
Tinner.  
Balto. City Md.  
Louis H. King M.D.  
112 N. Greene St.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43029

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 24th 1880

4. Place of Birth (Street and Number) 79 N. Euter St.

5. Full Name of Mother Maggie R. Lerang

6. Mother's Maiden Name McDonald

7. Mother's Birthplace Ireland

8. Full Name of Father Saml A. Lerang

9. Father's Occupation Paul Maker

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. D. M. Cathell M.D.

Address 2 N. Broadway

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113030

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 October 1880*
4. Place of Birth, (Street and Number) *506 Washington St.*
5. Full Name of Mother, *Matilda Dore*
6. Mother's Maiden Name, *Tetterton*
7. Mother's Birthplace, *Berlin*
8. Full Name of Father, *Charles Dore*
9. Father's Occupation, *Collector*
10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mrs. Rose Kelly*  
*48 Holland St*

salving at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

143024-1

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 24 1880
4. Place of Birth, (Street and Number) No 534 Fifth St
5. Full Name of Mother, Isabelle Laenger
6. Mother's Maiden Name, Isabelle Maxwell
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Fredrick Danges
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Edgar Smith Minster
- Address, No 121 East of Wm
- Remarks, hair life

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar above, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 143032

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct 24<sup>th</sup> 1880
4. Place of Birth, (Street and Number) No 30 Heather St
5. Full Name of Mother, Mary Farnell
6. Mother's Maiden Name, Mrs. Harrison
7. Mother's Birthplace, Bristol Co. Md
8. Full Name of Father, Joseph Gornell
9. Father's Occupation, Labourer
10. Father's Birthplace, Frederic Co. Md
- Name of Medical Attendant, Elizabeth Whinton  
or other Person who makes this Return.
- Address, No 121 Test Ave
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 143033

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st of 2nd*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *born Dec 24th October*  
4. Place of Birth, (Street and Number) *N 289 Eastern Ave*  
5. Full Name of Mother, *Margrothe Adam*  
6. Mother's Maiden Name, *Margrothe Maier*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Robert Adam*  
9. Father's Occupation, *Carpenter*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return *Frederike Baumann*  
Address, *N 197 S. Dallas St*  
Remarks, *Home*

That any physician, accoucheur, midwife, or niler person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1130311

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 24 1880*
4. Place of Birth (Street and Number) *Abys St No 1*
5. Full Name of Mother *Elizabeth Clark*
6. Mother's Maiden Name *Elizabeth Jenkins*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Clark*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Anderson*
- Address *No 10 Abys Street*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43035

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 Oct.*
4. Place of Birth, (Street and Number) *27 Barnes St.*
5. Full Name of Mother, *Maria Sott*
6. Mother's Maiden Name, *" Mika*
7. Mother's Birthplace, *Prague Bohemia*
8. Full Name of Father, *Josef Sott*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Musi Bohemia*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Conrad*
- Address, *20 Barnes St.*
- Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first*
1. Sex (state whether Male or Female) *male* ~~color~~ *age 14 days*
2. Race or Color (if not of the white race) *color*
3. Date of Birth *on monday October the 24<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *230 West Street Baltimore. all*
5. Full Name of Mother *Bellen. A. G. Penn. Veton. 15 age*
6. Mother's Maiden Name *Bellen. A. E. Wilson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John W. Penn. Veton. Jr. age 19*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore on 2d*
- Name of Medical Attendant, or other Person who makes this Report. *Mary Moker*
- Address *288 Euton Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street, and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
M.  
H.  
Oct. 24<sup>th</sup> 1881  
186 Disquith  
Annie Att  
Atkinson  
Baltimore  
Jesse G. Cheney  
Merchant  
Baltimore

H. P. Remond  
186 Disquith St.



at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43038

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth October 24th 1886
4. Place of Birth, (Street and Number) 692 Light St
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Mary King
7. Mother's Birthplace Baltimore
8. Full Name of Father Nicholas Smith
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. James Rogers
- Address 692 Light St
- Remarks \_\_\_\_\_

inviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43039

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Male

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

October 24-80

4. Place of Birth, (Street and Number) .....

No. 558 Orleans St-

5. Full Name of Mother, .....

Anna R. Wilts

6. Mother's Maiden Name, .....

Anna R. Smith

7. Mother's Birthplace, .....

Baltimore

8. Full Name of Father, .....

Emmanuel J. Wilts

9. Father's Occupation, .....

Butcher

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other Person who makes this Return. .....

Mary A. Howell

Address, 246 Mt. Vernon St

Remarks, .....

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden  
name of the mother of such child or children.

# RETURN OF A BIRTH,

43040

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

OCT. 24<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

257 N. Eden St.

5. Full Name of Mother

Mary Street

6. Mother's Maiden Name

Fitzpatrick

7. Mother's Birthplace

Maryland

8. Full Name of Father

Harrie Street

9. Father's Occupation

Saddler

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. Brooke Boyle

Address

166 E. Eager St.

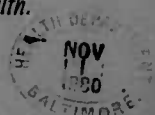
Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43041

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *24 of Oct*  
 4. Place of Birth (Street and Number) *18 Little Back Street*  
 5. Full Name of Mother *Rebecca Jones*  
 6. Mother's Maiden Name *Rebecca Smith*  
 7. Mother's Birthplace *Charles county Maryland*  
 8. Full Name of Father *Walter Jones*  
 9. Father's Occupation *Ohio Rail Porter of the Baltimore*  
 10. Father's Birthplace *Baltimore Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Jane Richards*  
 Address *212 Dover St*  
 Remarks *The baby and mother are doing well*  
*Fine healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics. Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

24 Oct 1880

4. Place of Birth (Street and Number)

209 Maryland Avenue

5. Full Name of Mother

Clara B. Boyd

6. Mother's Maiden Name

" " Leckie

7. Mother's Birthplace

Say even New York

8. Full Name of Father

Chas. D. Boyd

9. Father's Occupation

clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Augustus M. Dodge M.D.

Address

207 Hancock St

Remarks

Baltimore Md

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 43043

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks,

Oct. 24 1880  
N. Hill St. No. 22.

Anna Sommer

Bayse

Balt.

John Sommer

Blacksmith

Balt.

Wm. J. Brachman

S. Hill St. No. 14

Wm. J. Brachman





That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist at, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 43045

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

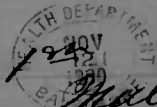
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male  
White

October 24<sup>th</sup> 1880

129 Montgomery St

Anna B. Clark

Anna B. Gordon

Philadel.

Capt. John Clark

Mariner

Ind

H. B. Noble M.D.

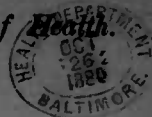
17 N. Main St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

# RETURN OF A BIRTH,

143046

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

The 25 of October

4. Place of Birth, (Street and Number)

No 77 Somerset St

5. Full Name of Mother

Agnes Macabine

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Guttenberg

9. Father's Occupation

Rugby

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Lestina Tauer

Address

Remarks

173 Hairfren

1881

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43047

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 24 - 1880

4. Place of Birth, (Street and Number)

10211 N. Wolf Street.

5. Full Name of Mother,

Kate Greenman

6. Mother's Maiden Name,

Kate Caley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Greenman

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Atwell

Address, 286 Mc Donogh St

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- 113048
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1/2
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Oct. 25 1/2 1880.*
4. Place of Birth (Street and Number) *34 Bolton Alley*
5. Full Name of Mother *Blanche Dyson.*
6. Mother's Maiden Name *Harriet*
7. Mother's Birthplace *St. Mary's Co. Md.*
8. Full Name of Father *James E. Dyson.*
9. Father's Occupation *Waiter.*
10. Father's Birthplace *St. Mary's Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return *Annie Brown*
- Address *67 Jenkins Alley.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1430149

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 25 1880

4. Place of Birth, (Street and Number)

East Ave No 147

5. Full Name of Mother,

Jane Parker

6. Mother's Maiden Name,

Jane Mcgathen

7. Mother's Birthplace,

Balt city and "

8. Full Name of Father,

John Parker

9. Father's Occupation,

Engineer on D. & R. R

10. Father's Birthplace,

Balt city and "

Name of Medical Attendant,

or other Person who makes this Return.

Elizabeth Hunter

Address,

East Ave No 147

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or be at  
advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43050

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *25 of October 1880.*  
4. Place of Birth, (Street and Number) *3 North Durham street*  
5. Full Name of Mother, *Frances Maslin*  
6. Mother's Maiden Name, *Frances Merts*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Martin Merts*  
9. Father's Occupation, *Boxmaker*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, *Crescentia Kunkel*  
Address, *11 North Chapel street per Justina Kunkel*  
Remarks, *Healthy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child  
Female  
11/16



1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

25 October

4. Place of Birth (Street and Number)

155 A. S. Carey

5. Full Name of Mother

Julie McArthur

6. Mother's Maiden Name

Julie Bens

7. Mother's Birthplace

Baltimore Md. D.

8. Full Name of Father

Levy McArthur

9. Father's Occupation

Brick Burner

10. Father's Birthplace

Baltimore Md. D.

Name of Medical Attendant, or other Person who makes this Return.

Midwife Mary

Address

Remarks

Living



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43052

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

X Tenth

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 25<sup>th</sup> 1880

4. Place of Birth (Street and Number)

1. 820 H. Baltimore St Baltimore

5. Full Name of Mother

Henrietta C. Friedrich

6. Mother's Maiden Name

Henrietta A. Naas

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Lieut Charles Friedrich

9. Father's Occupation

Lieut. Hennrichs

10. Father's Birthplace

Darmstadt (Grand Duke of Hessen)

Name of Medical Attendant, or other Person who makes this Return.

Dr. John B. Smith

Address

No 26, St. Lawrence St

Remarks

L. L. Smith

M L

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

# RETURN OF A BIRTH

43053

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 25, 1889*
4. Place of Birth, (Street and Number) *Harrison St. 28*
5. Full Name of Mother, *Joiethea Wiener*
6. Mother's Maiden Name, *Morreio*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Abraham Wiener*
9. Father's Occupation, *Dealer*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, (or other Person who makes this Return) *Dr. Gaecilio Bernstein*
- Address, *113 E. Lombard St*
- Remarks, *none*

in case of the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

When any person, except a physician, reports to the Registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1130511

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

Oct 25th 1880

4. Place of Birth, (Street and Number).....

No 298 Cross St

5. Full Name of Mother,.....

Virginia Delhagar

6. Mother's Maiden Name,.....

Beige

7. Mother's Birthplace,.....

America

8. Full Name of Father,.....

William Delhagar

9. Father's Occupation,.....

Carpenter

10. Father's Birthplace,.....

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwassor midwife

Address,.....

330 Hanover St.

Remarks,.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether ~~Male~~ or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 25<sup>th</sup> '80

4. Place of Birth (Street and Number)

Gay St. N. of North Ave.

5. Full Name of Mother

Lisette Reine

6. Mother's Maiden Name

Fricke

7. Mother's Birthplace

Germany

8. Full Name of Father

Carl Reine

9. Father's Occupation

Brewer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. H. Enich, M.D.

Address

74 S. Broadway

Remarks

Natural labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Oct 25 1880 11:30 AM*  
 4. Place of Birth (Street and Number) *Dulan St 285 Balt Md*  
 5. Full Name of Mother *Caroline Arenas*  
 6. Mother's Maiden Name *Caroline Landinplagen*  
 7. Mother's Birthplace *Baltimore Md*  
 8. Full Name of Father *Henry Arenas*  
 9. Father's Occupation *Carpenter*  
 10. Father's Birthplace *Belkenhausen-Hessen Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Julia Grobmy*  
 Address *466 North Gay St*  
 Remarks *Pelvis Presentation - With out cord.*  
*Mother and Child are doing Well.*

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25<sup>th</sup> October

4. Place of Birth, (Street and Number)

W. Lombard St. 773

5. Full Name of Mother,

Lotte Sommerburg

6. Mother's Maiden Name,

Wachter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Georg Sommerburg

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return.

Miss A. Lindner

Address,

243 Monroe

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43058

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



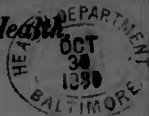
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Oct 28<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *42 Barreest St*
5. Full Name of Mother, *May Johnson*
6. Mother's Maiden Name, *May Johnson*
7. Mother's Birthplace, *Balto. Md*
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return. *Harriet Jackson*
- Address, *45 Barreest St*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physician in addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) Caldier

3. Date of Birth Oct 25 1880

4. Place of Birth, (Street and Number) No 7 1 alley

5. Full Name of Mother Mary Kelly

6. Mother's Maiden Name Mary Williamson

7. Mother's Birthplace New York

8. Full Name of Father Edmund Fuller

9. Father's Occupation Saler

10. Father's Birthplace Mary

Name of Medical Attendant, or other Person who makes this Return Doct. William

Address 78 Thayer St. Balt.

Remarks Was put day well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

113060

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1 d.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth Octbr. 25 1880

4. Place of Birth, (Street and Number) 95 N. Caroline St.

5. Full Name of Mother Katherine Wiggall

6. Mother's Maiden Name Kather. Nezer

7. Mother's Birthplace Baltimore

8. Full Name of Father Johan M. Wiggall

9. Father's Occupation Iron Coffer

10. Father's Birthplace Baltimore Co.

Name of Medical Attendant, or other Person who makes this return. M. R. Rudiger

Address 134 N. Bond St.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 43061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1 d.

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Feb 25 1880

4. Place of Birth, (Street and Number)

Harford St.

5. Full Name of Mother

Anna Harberle

6. Mother's Maiden Name

Anna

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph A. Harberle

9. Father's Occupation

Butcher

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Marie R. Rudiger

Address

134 N. Bond St.

Remarks

That any Physician, accoucher, midwife, or other person, who shall deliver, or cause to be delivered, any child, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

243062

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

6th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Oct. 25, 1880

Bonaparte Alley 29

Mary B. Thomas

Therese Mary

Jackson

Johann B. Thomas

Walter

Jackson

Name of Medical Attendant, or other Person who makes this Return.

Wm. John Branch

Address,

414 E. Pratt St.

Remarks,

Stillborn

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

24306-3

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 25. 1880  
S. Durham str. N. 48

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Hubbschmann

6. Mother's Maiden Name,

Reichmann

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Henry Hubbschmann

9. Father's Occupation,

Lebner

10. Father's Birthplace,

Berlin

Name of Medical Attendant, or other Person who make this Return.

Mrs. Joh. Frankish

Address,

S. Wolf str. N. 14

Remarks,

Indorse

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

430611

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child of Mother  
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 25<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

W Baltimore St No 744

5. Full Name of Mother,

Augusta F Linnall

6. Mother's Maiden Name,

Augusta F White

7. Mother's Birthplace,

Baltimore City Baltimore St

8. Full Name of Father,

Jas L Linnall

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Catherine Seebach

Address,

Remarks,

439 West Pratt St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 25

No 15 neighborhood

4. Place of Birth (Street and Number)

5. Full Name of Mother

Margaret M Ginn

6. Mother's Maiden Name

Henry

7. Mother's Birthplace

Ireland

8. Full Name of Father

John M Ginn

9. Father's Occupation

Wreck Wrecks

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John Whitridge M.D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

143066

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 25<sup>th</sup> 1880.
4. Place of Birth, (Street and Number) 206 Corner Bond and Holliman st
5. Full Name of Mother Kate Baker
6. Mother's Maiden Name Kate Smith
7. Mother's Birthplace Balto.
8. Full Name of Father Henry Baker
9. Father's Occupation Resturant.
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H.
- Address 44 182 East Monument Street.
- Remarks \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

143067

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 25 1880*
4. Place of Birth (Street and Number) *30 W. Paca Street*
5. Full Name of Mother *Isabella Taylor*
6. Mother's Maiden Name *Isabella Buchanan*
7. Mother's Birthplace *Chicago Ill.*
8. Full Name of Father *George B. Taylor*
9. Father's Occupation *Shoe Manufacturer*
10. Father's Birthplace *New York City*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. Miller M.D.*
- Address *158 Kenner Street*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup> Child*  
1. Sex, (state whether male or female) *Male.*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *October 25<sup>th</sup> 1880*  
4. Place of Birth, (Street and Number) *421 Hamburg St.*  
5. Full Name of Mother, *Mary Rheinhart*  
6. Mother's Maiden Name, *" Hoffman,*  
7. Mother's Birthplace, *Balt. City*  
8. Full Name of Father, *Conrad Reinhart*  
9. Father's Occupation, *Car. Builder*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, *R. J. H. Tall. M.D.*  
Address, *152 Sharp St.*  
Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race) *W*  
 3. Date of Birth *Oct 25 - 1880*  
 4. Place of Birth (Street and Number) *146 Druid Hill rd*  
 5. Full Name of Mother *Elizabeth Cecilia Wines Ritter*  
 6. Mother's Maiden Name *Wines*  
 7. Mother's Birthplace *Prussia*  
 8. Full Name of Father *John Adam Ritter*  
 9. Father's Occupation *Barber*  
 10. Father's Birthplace *Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *C. Hineslow*  
 Address *237 N. Calvert St*  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43070

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth October 26<sup>th</sup> 1880  
 4. Place of Birth (Street and Number) 541 N Gay Str.  
 5. Full Name of Mother Barbara - Schlaffer -  
 6. Mother's Maiden Name Barbara - Keno -  
 7. Mother's Birthplace Baltimore, Md  
 8. Full Name of Father John - Schlaffer -  
 9. Father's Occupation Hotel Keeper  
 10. Father's Birthplace Baltimore, Md  
 Name of Medical Attendant, or other Person who makes this Return. W. L. Doherty, M.D.  
 Address 86 S. Fayette Str.  
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43071

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd



1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 26th 1880

4. Place of Birth (Street and Number)

414 Broadway

5. Full Name of Mother

Catherine M. Brown

6. Mother's Maiden Name

Catherine M. Bridges

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles D. Brown

9. Father's Occupation

Brick Builder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

C. L. Hoffman  
M.D.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child  
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 26th 1880

4. Place of Birth, (Street and Number)

350 Cross st

5. Full Name of Mother,

Margaret Simon

6. Mother's Maiden Name,

Lentz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Simon

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser midwife  
330 Hanover st.

Address,

Remarks,

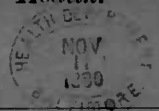
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct 26th 1880

4. Place of Birth, (Street and Number)

183 Banc St.  
Josephine J. Mitchell

5. Full Name of Mother

6. Mother's Maiden Name

Free

7. Mother's Birthplace

Baltimore City  
James Mitchell

8. Full Name of Father

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. H. Smith

Address

16 Stacer St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43074

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 6.
1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... White
3. Date of Birth... 26 Oct.
4. Place of Birth, (Street and Number)... 209 S. Fremont St.
5. Full Name of Mother... Valentina Suchanek
6. Mother's Maiden Name... " " Berna
7. Mother's Birthplace... Kamenitz Bohemia
8. Full Name of Father... Anton Suchanek
9. Father's Occupation... Tailor
10. Father's Birthplace... Radnic Bohemia
- Name of Medical Attendant, or other Person who makes this Return... Josephine Hornad
- Address... 209 Barnes St.
- Remarks...



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1130/5

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 26th 1886

4. Place of Birth, (Street and Number)

116 E. Monument St

5. Full Name of Mother,

Edith L. Fiedler

6. Mother's Maiden Name,

Edith F. Gleason

7. Mother's Birthplace,

Montreal, Canada

8. Full Name of Father,

Nathan L. Fiedler

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

County, Ireland

Name of Medical Attendant, or other Person who makes this Return.

William Bristow M.D.

Address,

25 E. Lombard St.

Remarks,

Vertex Presentation

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43076

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth 26 Oct 1889  
4. Place of Birth, (Street and Number) Coopers Street 22  
5. Full Name of Mother Mary Coxn  
6. Mother's Maiden Name Mary Murphy  
7. Mother's Birthplace August Point  
8. Full Name of Father Michael Coxn  
9. Father's Occupation Laborer  
10. Father's Birthplace Ireland  
Name of Medical Attendant, or other Person who makes this Return, Margie Ethel  
Address No. 13 Cuba Street  
Remarks \_\_\_\_\_

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH <sup>43077</sup>

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*1<sup>st</sup>  
Female*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

*Oct. 26  
316. E. Main St.  
Mary Warner  
Myers*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

*Balt.  
Olin Warner  
Clerk  
Balt.*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

*J. H. Wilson  
207 Mad. Ave.*

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

43078

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 26<sup>th</sup> 1880

4. Place of Birth (Street and Number)

94 N. Howard St

5. Full Name of Mother

Emma E. Johnson

6. Mother's Maiden Name

" " Dammann

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Littleton F. Johnson

9. Father's Occupation

Pastor

10. Father's Birthplace

Maryland (Somerset Co)

Name of Medical Attendant, or other Person who makes this Return.

J. B. Silbons, M.D.

Address

47 Edmondson Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

143079

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

The first child  
Male child  
Color white  
The 26 of October 1888  
178 Harvard Street  
Mother Campbell  
Mother Gibson  
Baltimore M.D.  
Same Gibson  
Printer  
Baltimore M.D.  
Milly Gross  
181 York Street

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43080

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

NOV  
3  
1880  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 26<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

142 S. Baltimore St.

5. Full Name of Mother,

Hattie Huber

6. Mother's Maiden Name,

" Luther

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Huber

9. Father's Occupation,

Cooper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or aid in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

118087

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child  
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th October

4. Place of Birth, (Street and Number)

278 N. Lombard St. - Balto.

5. Full Name of Mother,

Demie. Clarette. Bacon.

6. Mother's Maiden Name,

Demie. Elizabeth Shepherd

7. Mother's Birthplace,

Baltimore, Md. Maryland.

8. Full Name of Father,

John Edward Bacon

9. Father's Occupation,

Librarian

10. Father's Birthplace,

Baltimore, Md. Maryland.

Name of Medical Attendant, or other Person who makes this Return.

Miss A. S. Daniels

Address,

278 N. Lombard St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113082

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

White  
Oct 26, 1880  
78 S. Carey St.  
Elizabeth  
St. Luke  
Bacon Mr  
Frank Good  
Theodor  
Bacon Mr

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

H. L. Lye as Trus  
387 W. Lombard St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113083

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8<sup>th</sup> Child*
1. Sex (state whether male or female) *Female*
  2. Race or Color (if not of the white race) *White*
  3. Date of Birth *October 26<sup>th</sup> 1880 6<sup>30</sup> A.M.*
  4. Place of Birth (Street and Number) *239 P. Hope Street*
  5. Full Name of Mother *Gertrude D. Egenfeldt*
  6. Mother's Maiden Name *Gertrude D. Nicholson*
  7. Mother's Birthplace *Baltimore City*
  8. Full Name of Father *Nickerson Timbren Egenfeldt*
  9. Father's Occupation *Ship Smith*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *James C. Woodville M.D.*
- Address *199 E. Baltimore Street*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Female  
White  
Tuesday October 26 1880  
1137 Luman St.  
Mrs Cecelia Kraft.  
Mrs Cecelia Kraft  
Baltimore City  
George W. Kraft.  
Painter  
Baltimore City  
Edward M. Wise  
1137 Luman St. & Lexington St. City.

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43085

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *October 26th 1880*
4. Place of Birth (Street and Number) *35 Little George St*
5. Full Name of Mother
6. Mother's Maiden Name *Laura Smother*
7. Mother's Birthplace *Frederick County Md*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Susan Smother*
- Address *No 35 Little George St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43086

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

46

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Oct 26/80

3. Date of Birth,

N 16 Grace St.

4. Place of Birth, (Street and Number)

Mary A Hughes.

5. Full Name of Mother,

M. Can

6. Mother's Maiden Name,

Irish

7. Mother's Birthplace,

Timothy Hughes.

8. Full Name of Father,

Laborn

9. Father's Occupation,

Irish

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

A. L. Spencer

Address,

387 W. Lombard St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether male or female) M. Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Octbr 26 1880
4. Place of Birth, (Street and Number) 120 Mulken Str.
5. Full Name of Mother Emilie Oberdorfer
6. Mother's Maiden Name E. Loeblein
7. Mother's Birthplace Germane
8. Full Name of Father Georg Oberdorfer
9. Father's Occupation Butcher
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this Return. M. R. Ruchiger
- Address 134a Bond St.
- Remarks \_\_\_\_\_

# **NOTICE**

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

# RETURN OF A BIRTH,

to the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d  
State whether male or female female  
or Color, (if not of the white race) white  
of Birth October 26  
of Birth, (Street and Number) Baltimore Charles St. No. 530  
Name of Mother Margaret Lawrence  
r's Maiden Name Margaret Walton  
r's Birthplace Baltimore  
Name of Father John Lawrence  
r's Occupation carver  
r's Birthplace Baltimore  
of Medical Attendant, or other Person who makes this Return. Elizabeth Huthorn  
William St. John  
es  
rks

# RETURN OF A BIRTH

43089

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



within six days thereafter, stating distinctly the date of birth, sex, and color of child, whether still-born or not, the full name, nativity, of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 25 October
4. Place of Birth, (Street and Number) 12 Little Boulogne Pl
5. Full Name of Mother, Jeni Leni
6. Mother's Maiden Name, David
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Gen. J. J. Leni
9. Father's Occupation, Workman
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs. L. C. Casper
- Address, 52 E Lombard
- Remarks, \_\_\_\_\_



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fourth (9)  
Male

Oct-26<sup>th</sup> 1880

123 Connor St

Emma J. Riley

" " Johns

Baltimore Md

William H. Riley

Painter

Baltimore Md

Regina D. Winter



That any physician, accoucheur, midwife, or other person in attendance, who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1891

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First born

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 26 of 1885

4. Place of Birth, (Street and Number)

No 27 Seaboard Hall St

5. Full Name of Mother,

Margaret Cantart

6. Mother's Maiden Name,

Margaret Cantart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Isabel Cantart

9. Father's Occupation,

Wagon Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. J. S. L. L. L.

Address,

No 128 East St

Remarks,

See Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d  
1. Sex (state whether Male or Female) White female  
2. Race or Color (if not of the white race) White  
3. Date of Birth 26 Oct. 1880  
4. Place of Birth (Street and Number) 214 Bond Street  
5. Full Name of Mother Maggie Rowe  
6. Mother's Maiden Name Maggie Dodd  
7. Mother's Birthplace Delaware  
8. Full Name of Father Andrew J. Rowe  
9. Father's Occupation Oyster Packer  
10. Father's Birthplace Virginia  
Name of Medical Attendant, or other Person who makes this Return. A. M. Dodd  
Address 207 Hanover St Baltimore  
Remarks One

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43093

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12 1/2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 26, 1880

4. Place of Birth, (Street and Number)

S. W. 1st No. 19

5. Full Name of Mother,

Jessie, Demme

6. Mother's Maiden Name,

Mexican

7. Mother's Birthplace,

Edinburg, Pa.

8. Full Name of Father,

John Demme

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Edinburg, Pa.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Brown

Address,

S. W. 1st No. 19

Remarks,

Wm. H. Brown

At any time, accoucher, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

430911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The Child



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 26, 1880

4. Place of Birth, (Street and Number)

S. E. 1st St. No. 18

5. Full Name of Mother,

Christine Jost

6. Mother's Maiden Name,

Christine Gabel

7. Mother's Birthplace,

Ball's Blk

8. Full Name of Father,

Conrad Jost

9. Father's Occupation,

Barber

10. Father's Birthplace,

Hassel. Gr. Hessen. Germany

Name of Medical Attendant,

or other person who makes this report

Mary E. Miller

Address,

N. Dallas St. No. 26

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

43098

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd  
 1. Sex (state whether Male or Female) Male  
 2. Race or Color (if not of the white race) Colored  
 3. Date of Birth 26 Oct 1880  
 4. Place of Birth (Street and Number) 44 Vine St  
 5. Full Name of Mother Lavinia Bailey  
 6. Mother's Maiden Name Lavinia Bailey  
 7. Mother's Birthplace Maryland  
 8. Full Name of Father Not Known  
 9. Father's Occupation Not Known  
 10. Father's Birthplace do  
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth Barton  
 Address 146 Vine St.  
 Remarks Dead with chills and fever. I saw her 2 days before death and attended. Geo. L. Breton M.D.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



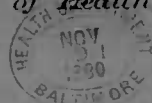
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 16<sup>th</sup> 1890.
4. Place of Birth, (Street and Number) Belair Road No number
5. Full Name of Mother Elizabeth Roth
6. Mother's Maiden Name Elizabeth Spalmer
7. Mother's Birthplace Balto
8. Full Name of Father William A. Roth
9. Father's Occupation Superintendent of Laundry
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H. H.
- Address # 181 East Monument St.
- Remarks \_\_\_\_\_

in case at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43097

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26<sup>th</sup> October 1880

4. Place of Birth, (Street and Number) 124 Register St

5. Full Name of Mother, Christina Mary du Crisp

6. Mother's Maiden Name, Christina Snyder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin Crisp

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes the Return, Mrs Mary C Dennis

Address, 171 D. Washington St

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113098

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female  
White  
October 26 1880  
307 Light St  
Margaret M Saddler  
Margaret M Sank's  
City  
George Sankler  
Litter Carrier  
City  
J. B. Noble M.D.  
17 Hanover Av

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113099

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 27 - 1880

4. Place of Birth, (Street and Number)

at 320 Hanover st

5. Full Name of Mother,

Cath. Rowlen

6. Mother's Maiden Name,

Darby.

7. Mother's Birthplace,

America

8. Full Name of Father,

Chick Rowlen

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

J. Lohmeyer midwife

Address,

320 Hanover st

Remarks,

The above child was a five months child and lived 12 hours cause of Death unknown.

That any Physician, second-church, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 43100

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *27th of October 1890.*  
4. Place of Birth, (Street and Number) *44 North Lusham street*  
5. Full Name of Mother, *Essabella Lye*  
6. Mother's Maiden Name, *Essabella Kuhn*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Joseph Kuhn*  
9. Father's Occupation, *Laborman*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, *Crescentia Kunkel*  
Address, *71 North Chapel street per Justina Kunkel*  
Remarks, *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*  
1. Sex (state whether male or female) *Male*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Oct. 27th*  
4. Place of Birth (Street and Number) *341 W. Lombard St*  
5. Full Name of Mother *Bertha Strouse*  
6. Mother's Maiden Name *Bertha Samstag*  
7. Mother's Birthplace *Germany*  
8. Full Name of Father *Sam. Strouse*  
9. Father's Occupation *Wm. LePothier*  
10. Father's Birthplace *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *H. Lukins*  
Address *No. 2 Cathedral St*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 27 1880

4. Place of Birth, (Street and Number)

391 C. Street.

5. Full Name of Mother,

Paul Selena Jackson

6. Mother's Maiden Name,

" " Lincoln

7. Mother's Birthplace,

S. Maryland Co. Md.

8. Full Name of Father,

Joseph Harvey Jackson

9. Father's Occupation,

Provision Dealer

10. Father's Birthplace,

Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. Kirk M.D.

Address,

Balt. & Wash. Sts.

Remarks,

Normal

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113103

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

Oct 27 1880  
No 207 S. Charles St  
Elizabeth Lotz  
Miller

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

America  
Albert Lotz  
Dyer

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Germany  
J. Lotz was his midwife  
330 Hanover St.

Name of Medical Attendant, or other Person who makes this Return.

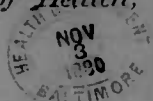
Address,.....

Remarks,.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *127 October 1880*  
4. Place of Birth, (Street and Number) *Baltimore Monument at No 547*  
5. Full Name of Mother, *Albetta Pale*  
6. Mother's Maiden Name, *Helena Barthe*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *John Pale*  
9. Father's Occupation, *Sealer*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other Person who makes this Return. *May Koptel*  
Address, *69 Washington St*  
Remarks, *May Koptel*

11.3/05

---

ms 7th

female

# White

27 伏

Stiles st no 16

Elizabeth Robinson

Factory

Baltimore

John Robinson

Lubner

New York

or other Person who makes this Return.

Mrs Jane Gury

No 13 Holland st<sup>o</sup>

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

the literature for this out-of-the-box approach to the problem.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) .....

3. Date of Birth,

Oct. 27  
1903  
Pasovale St.  
Mary Scarborough

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Widow

6. Mother's Maiden Name,

Williamsport, Pa.

7. Mother's Birthplace,

G. D. Scarborough

8. Full Name of Father,

Merchant

9. Father's Occupation,

Burr

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

W. M. Williams  
201 Mad. Ave.

Address,

Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

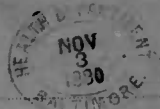
**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

48107

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



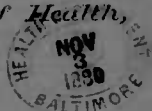
- No. of Child of Mother, (state whether ~~1st, 2d, 3d, 4th~~ *One*)  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race)  
3. Date of Birth, *27<sup>th</sup> of October 1880.*  
4. Place of Birth, (Street and Number) *No 252 South Hooker Street*  
5. Full Name of Mother, *Samie Ethwidge Kent*  
6. Mother's Maiden Name, *Monie E. Chance*  
7. Mother's Birthplace, *Leason Shore*  
8. Full Name of Father, *Ethwidge Kent*  
9. Father's Occupation, *Brickman B. & O. R. R.*  
10. Father's Birthplace, *Washington D. C.*  
Name of Medical Attendant, *Dr. Blake*  
or other Person who makes this Return.  
Address,  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43108

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27th October 1880

4. Place of Birth, (Street and Number)

Baltimore Jefferson st No 251

5. Full Name of Mother,

May Moore

6. Mother's Maiden Name,

May Moore

7. Mother's Birthplace,

Belgium

8. Full Name of Father,

=

9. Father's Occupation,

=

10. Father's Birthplace,

=

Name of Medical Attendant, or other person who makes this Return.

May Hospital

Address,

69 Washington

Remarks,

May Hospital

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43109

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2<sup>1/2</sup>

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth: 27<sup>th</sup> October

4. Place of Birth (Street and Number) No. 16 Myrtle Ave.

5. Full Name of Mother Catharine Broessel

6. Mother's Maiden Name Libert

7. Mother's Birthplace Germane

8. Full Name of Father William W. Broessel

9. Father's Occupation Tailor

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sommerfeld

Address No. 238 Franklin St.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, Nov 27<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 140 S Bond St.
5. Full Name of Mother, Maria Fitzberger
6. Mother's Maiden Name, " Miller
7. Mother's Birthplace, City
8. Full Name of Father, William Fitzberger
9. Father's Occupation, Cooper
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz
- Address, 120 Bank St
- Remarks, \_\_\_\_\_

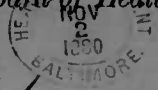
rect record of vital statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113111

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the third

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) white

3. Date of Birth October 27 1880

4. Place of Birth (Street and Number) No 44 Lakeview East

5. Full Name of Mother Mrs. Margaret Dieder

6. Mother's Maiden Name Mollie

7. Mother's Birthplace Germany

8. Full Name of Father John Dieder

9. Father's Occupation Labour

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann E. Ball

Address No 171 South Eborate St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113112

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth Oct 27 1880

4. Place of Birth (Street and Number) Mount St near Baker

5. Full Name of Mother Annie Harvey

6. Mother's Maiden Name Ma

7. Mother's Birthplace Idm Harvey

8. Full Name of Father Laborer

9. Father's Occupation La

10. Father's Birthplace Lehas Esatter Ms

Name of Medical Attendant, or other Person who makes this Return. Chas Esatter Ms

Address 649 Penna Ave

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

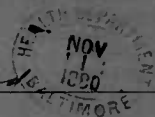
# RETURN OF A BIRTH,

113113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Oct 27th 1880  
4. Place of Birth, (Street and Number) 213 N. Front St.  
5. Full Name of Mother Mrs Mary Casey  
6. Mother's Maiden Name Cooney  
7. Mother's Birthplace Philadelphia  
8. Full Name of Father John Casey  
9. Father's Occupation Fireman  
10. Father's Birthplace Maryland  
Name of Medical Attendant, or other Person who makes this Return. Jno. Braake Boyle  
Address 166 E. Eager St.  
Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup> for Kind*  
1. Sex, (state whether male or female) *Boys*  
2. Race or Color, (if not of the white race) *Weiss*  
3. Date of Birth, *born Jan 27<sup>th</sup> 1912*  
4. Place of Birth, (Street and Number) *N<sup>o</sup> 43 Block St.*  
5. Full Name of Mother, *Ann Tonn*  
6. Mother's Maiden Name, *Ann Tonn*  
7. Mother's Birthplace, *England*  
8. Full Name of Father, *Mose R. C. Tonn*  
9. Father's Occupation, *Handwritten*  
10. Father's Birthplace, *England*  
Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*  
Address, *N<sup>o</sup> 197 E. Dallas St.*  
Remarks, *Hemmel*

That any Physician, accoucheur, midwife, or other person, in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, October 27<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

26 Pleasant alley

5. Full Name of Mother,

Annie Rosenthal Knox

6. Mother's Maiden Name,

Annie Knox

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Knox

9. Father's Occupation,

Latimer Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Mrs Mary C Simms

Address,

171 South Washington St

Remarks,

First Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

43116

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>* *James Lott*

1. Sex (state whether Male ~~or~~ Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 27<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *413 Franklin St*

5. Full Name of Mother *Mary L. Matthews*

6. Mother's Maiden Name *" " Bride*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William F. Matthews*

9. Father's Occupation *Office Clerk*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

*John A. Brown*

Address

*261 Madison Avenue*

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

of 1st  
Female  
White  
Oct 28<sup>th</sup> 1880  
1032 West end  
Elizabeth Mayhew  
" " Baby  
City  
Mrs. Mayhew  
Gas fitter  
Batts Co.  
J. O. Baugh M.D.  
15 S. Hancock St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 28, 1880

4. Place of Birth, (Street and Number)

Hoffman near Washington Sts

5. Full Name of Mother,

Kate E. Houbough

6. Mother's Maiden Name,

" " Hayes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick W. Houbough

9. Father's Occupation,

Machine Agent

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. H. White M.D.

Address,

347 N. Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six weeks thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

4.3119

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth October the 28th 1880
4. Place of Birth, (Street and Number) 4th Regt. St Baltimore Md
5. Full Name of Mother Lizzie Steiny
6. Mother's Maiden Name Lizzie Janoschke
7. Mother's Birthplace Germany
8. Full Name of Father Charles Janoschke
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Miss Annie Greenleaf
- Address 345 Penna St
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH.

43120

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex (state whether Male or Female)

Male

Race or Color (if not of the white race)

White

Date of Birth

October 28<sup>th</sup> 1880

Place of Birth (Street and Number)

Thorne and First St. Balt. Co.

Full Name of Mother

Julia Celestia Schwartz

Father's Maiden Name

Julia Celestia Rander

Father's Birthplace

Baltimore City

Full Name of Father

William Henry Schwartz

Father's Occupation

Boys' suits

Father's Birthplace

New York City

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Knight

Address

Clinton St. near Thorne St.

Remarks

Elizabeth Knight M.D.



any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,.....

Oct 28th 1880

4. Place of Birth, (Street and Number)

No 746 Hanover st

5. Full Name of Mother,

Emilie Droege

6. Mother's Maiden Name,

Williams

7. Mother's Birthplace,

America

8. Full Name of Father,

Theodor Droege

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schaeffer midwife

Address,

No 330 Hanover st.

Remarks,

That every physician, midwife, or other person who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



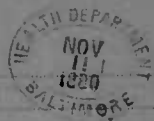
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored Child*
3. Date of Birth, *October 28/1880*
4. Place of Birth, (Street and Number) *84 Bethel*
5. Full Name of Mother, *Lebellia Bolans*
6. Mother's Maiden Name, *Lebellia Anderson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Joseph Bollans*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Talbot County*
- Name of Medical Attendant, *or other Person who* *Lucinda Woolford*  
*makes this Return.*
- Address, *130. Regatta St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113/23

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 Oct.

4. Place of Birth, (Street and Number)

Lucas St 122.

5. Full Name of Mother,

Josef Ellis

6. Mother's Maiden Name,

Balle

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

William Balle

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Josephine Kennard

Address,

20 Barnes St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 28/80

4. Place of Birth, (Street and Number)

102 S. Bond St.

5. Full Name of Mother,

Martina Carl

6. Mother's Maiden Name,

" Hartman

7. Mother's Birthplace,

Prussia.

8. Full Name of Father,

John Carl

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

D.R.W. Mansfield

Address,

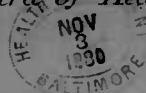
117 S. Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 28. 1890. 6 o'clock A.M.  
Rum Alley 109th

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Maria ~~Christ~~ Meister  
Maria Christ

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baden Germany  
John Meister  
Cooper

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Robert Henry Danforth

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. W. King

Address,

42 Linnings St

Remarks,

# **NOTICE**

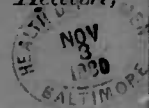
**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Boys  
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

28<sup>th</sup> October 1890

4. Place of Birth, (Street and Number)

Baltimore Dungan alley No 61

5. Full Name of Mother,

Mary Harris

6. Mother's Maiden Name,

Mary Hines

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Harris

9. Father's Occupation,

Factor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Mary Hospital

Address,

89 Washington St

Remarks,

Mary Hospital

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 28 1880*

4. Place of Birth (Street and Number) *96 Saratoga St*

5. Full Name of Mother *Mary Alice Roberts Stailer*

6. Mother's Maiden Name *Mary Alice Roberts Stephens*

7. Mother's Birthplace *Balt City Md*

8. Full Name of Father *Maslin Bruce Stailer*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Annamdel County Md*

Name of Medical Attendant, or other Person who makes this Return. *Wm Cornell M.D*

Address *498 W Fayette St*

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first (1<sup>st</sup>)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 28<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *283 W. Hoffman St*
5. Full Name of Mother *Marian Dale Carter*
6. Mother's Maiden Name *" " Elliott*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William Bauer*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. H. ...*
- Address *231 N. Fremont St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 28th '80*

4. Place of Birth, (Street and Number) *527 N. Howard St.*

5. Full Name of Mother, *Emma Miller*

6. Mother's Maiden Name, *Emma Burns*

7. Mother's Birthplace, *Wid*

8. Full Name of Father, *Thos. J. Miller*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Wid*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*J. Miller M.D.*  
*57 N. Green St.*

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

43130

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Octbr. 28 1880

4. Place of Birth, (Street and Number) 469 Central av.

5. Full Name of Mother Karoline Euler

6. Mother's Maiden Name Karoline Haas

7. Mother's Birthplace Germane

8. Full Name of Father Hermann Euler

9. Father's Occupation Bier Treiber

10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return. M. R. Rushiger

Address 134. W. Bondstr.

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

143131

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *W*
3. Date of Birth *Oct 28 1880*
4. Place of Birth (Street and Number) *46 Baker St*
5. Full Name of Mother *Mary Doyle*
6. Mother's Maiden Name *Lutton*
7. Mother's Birthplace *Balto Co*
8. Full Name of Father *Hugh Doyle*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Charles E. Sattler M.D.*
- Address
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *28th Oct. 1880.*
4. Place of Birth, (Street and Number) *No 1. N. Cary St.*
5. Full Name of Mother, *Mary E. Richards.*
6. Mother's Maiden Name, *Van Name*
7. Mother's Birthplace, *Staten Island N.Y.*
8. Full Name of Father, *William A. Richards.*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Richmond Virginia*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*H. W. Oving*

*274 Madison Ave*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113133

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Sixth  
Fernald

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

October 38 — 1880  
No 4078 Madison St  
Louisa Percy Clarke  
Louisa Clarke  
Baltimore  
Samuel E. Percy  
Night Watchman  
Baltimore  
Mary A. Allwell

Name of Medical Attendant, or other Person who makes this Return.

Address, 296 N. Donogh St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11/3/81

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2
1. Sex, (state whether male or female).....Female
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....28 October
4. Place of Birth, (Street and Number).....15 N. Eden St
5. Full Name of Mother,.....Haggie Moore
6. Mother's Maiden Name,.....Jons
7. Mother's Birthplace,.....Bald. Md
8. Full Name of Father,.....George Moore
9. Father's Occupation,.....Workman
10. Father's Birthplace,.....Bald. Md
- Name of Medical Attendant, or other Person who makes this Return......Mrs. Parva Casper
- Address,.....22 D. Lombard St
- Remarks,.....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct-28th 1880

4. Place of Birth (Street and Number)

298 Annapolis M-  
Mary E. Houchens  
" " Connor

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore Md.  
J. J. Houchens

8. Full Name of Father

9. Father's Occupation

Pharmacist  
Richmond Va.  
Regina A. Winter

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Record of Vital Statistics for the City of Baltimore

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

113136

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 1. Sex (state whether ~~male~~ or female)
- 2. Race or Color, (if not of the white race)
- 3. Date of Birth Oct. 28 1889
- 4. Place of Birth, (Street and Number) 212 Riverside St No. 55
- 5. Full Name of Mother Amanda Schepelman
- 6. Mother's Maiden Name Margaret
- 7. Mother's Birthplace Bremen
- 8. Full Name of Father John Schepelman
- 9. Father's Occupation Pottery
- 10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this return. Wm. J. Brinkard
- Address 1114 N. Wolfe St
- Remarks

# RETURN OF A BIRTH, 113187

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct 29th 1880

4. Place of Birth, (Street and Number) 12 Burroughs St Balt

5. Full Name of Mother Catherine Burt

6. Mother's Maiden Name Catherine Burt

7. Mother's Birthplace Germany

8. Full Name of Father Edward Burt

9. Father's Occupation Laborer

10. Father's Birthplace Holland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sarah Larnal, Midwife

17 Burroughs St Baltimore

mother and babe doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113138

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28<sup>th</sup> 9 October

4. Place of Birth, (Street and Number)

37<sup>th</sup> St. Amity St.

5. Full Name of Mother,

Mary Louisa Wittner

6. Mother's Maiden Name,

M. L. Wagner

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Henry Wittner

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Seebach

Address,

Remarks,

Catharine Seebach

1439 West Pratt St

Return of a Birth in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43139

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 28<sup>th</sup> 1930
4. Place of Birth (Street and Number) 501 Gower St
5. Full Name of Mother Margaret Agnes Healey
6. Mother's Maiden Name Bradley
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward A. Healey
9. Father's Occupation Collector
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. H. Henderson
- Address 101 South High St
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11.3/110

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

28th October 1890

4. Place of Birth (Street and Number)

95 - Guilford St

5. Full Name of Mother

Elate Bentley

6. Mother's Maiden Name

Widley

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jno. Bentley

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. H. Kessler M.D.  
M. H. Kessler M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*White*  
*Oct. 28<sup>th</sup> 1880*  
*2613 Baker St.*  
*Mary Smith*  
*Mary Lutton*  
*Baltimore Co*  
*Lough Smith -*  
*Laborer*  
*County Wick Co Ireland*  
*A. C. Pale M.D.*  
*No 170 Broadway Co*  
*Baltimore*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

113149

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 28 1880

4. Place of Birth, (Street and Number) Baltimore (Martin St. 126)

5. Full Name of Mother Kate White

6. Mother's Maiden Name Frank,

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank White

9. Father's Occupation Labourer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Alfred C. Whitehead

Address No. 142 Commerce St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or attend at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

1137113

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 28<sup>th</sup> 1880

4. Place of Birth, (Street and Number) Baltimore Ramsey St. N. 78

5. Full Name of Mother Mary Sewel

6. Mother's Maiden Name Smider

7. Mother's Birthplace Lebanon

8. Full Name of Father John Sewel

9. Father's Occupation Lebanon

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Whitaker

Address N. 1st 2 Ramsey St.

Remarks \_\_\_\_\_

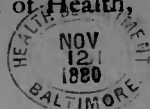


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43144

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Coloured
3. Date of Birth October 28<sup>th</sup> 1880
4. Place of Birth (Street and Number) 102 E. Guild Alley
5. Full Name of Mother Mary Holmes
6. Mother's Maiden Name Mary Roberts
7. Mother's Birthplace Baltimore City
8. Full Name of Father Armed Hemer
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other person who makes this return Walter Bradley M.D.
- Address 85 Orchard Street
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth *October 28, 1880*  
4. Place of Birth (Street and Number) *195 Forest Street*  
5. Full Name of Mother *Laura Ballender*  
6. Mother's Maiden Name *" Martin*  
7. Mother's Birthplace *Baltimore City*  
8. Full Name of Father *William Ballender*  
9. Father's Occupation *Varnisher*  
10. Father's Birthplace *Baltimore City*  
Name of Medical Attendant, or other Person who makes this Return. *Charles H. Thomas M.D.*  
Address *85 E. Baltimore Street*  
Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113146

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 29. 1880.*
4. Place of Birth (Street and Number) *No 229 Montgomery St. Baltimore*
5. Full Name of Mother *Louise Sandrock*
6. Mother's Maiden Name *Louise Wagner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. Christian Sandrock*
9. Father's Occupation *Apothecary*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Christian Sandrock M.D.*
- Address *No. 229 Montgomery street*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



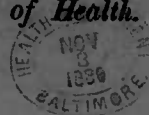
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) 2 females
2. Race or Color (if not of the white race) White
3. Date of Birth October the 29 1886
4. Place of Birth (Street and Number) Baltimore at 183 Dubuque alley
5. Full Name of Mother Jane McCord
6. Mother's Maiden Name Jane Hoffman
7. Mother's Birthplace Manchester England
8. Full Name of Father Christian Hoffman
9. Father's Occupation Watchman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Fulager
- Address 792 Pratt St Baltimore
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

113148

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 29 of September
4. Place of Birth, (Street and Number) No 384 304 E. Madison
5. Full Name of Mother Emma Schaffer
6. Mother's Maiden Name Emma Schaffer
7. Mother's Birthplace Alexandria Va
8. Full Name of Father Joseph W. Schaffer
9. Father's Occupation Paper Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mrs. Esteline Tamer
- Address 177 Harrison
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

11314-9

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 29 1880

4. Place of Birth, (Street and Number)

Lawrence Street

5. Full Name of Mother

Cathleen Radden

6. Mother's Maiden Name

Cathleen McGuire

7. Mother's Birthplace

Ireland

8. Full Name of Father

Mat Radden

9. Father's Occupation

Seafarer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Margie E. H. C.

Address

No 13 Lubia Street

Remarks

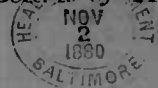
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

143150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 29th '80

4. Place of Birth, (Street and Number)

111 Mosher St.

5. Full Name of Mother,

Anna D. Gith

6. Mother's Maiden Name,

Anna D. Cole

7. Mother's Birthplace,

Me.

8. Full Name of Father,

John Gith

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

J. Keller M.D.

Address,

87 N. Greene St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43151

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 29<sup>th</sup> 1884

4. Place of Birth, (Street and Number)

67 McDonalds Court

5. Full Name of Mother,

Emma Nichols

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harriet Jackson

Address, Seven Months child Born at Half past Three

Remarks,

Died at fifteen minutes to four



*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 29th 1880
4. Place of Birth (Street and Number) 125. 78 Gay St
5. Full Name of Mother Mary A. Weil
6. Mother's Maiden Name Mary A. Black
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry ~~W~~ Weil
9. Father's Occupation Shoe manufacturer
10. Father's Birthplace Baltimore Co. Md
- Name of Medical Attendant, or other Person who makes this Return. G. A. Ashme, M.D.
- Address 86. S. Fayette St
- Remarks

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

113153

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

White 3

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October 29, 1880

4. Place of Birth, (Street and Number)

126 Cooper St

5. Full Name of Mother

Mary Banks

6. Mother's Maiden Name

Mary Dougherty

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Banks

9. Father's Occupation

Boatsman

10. Father's Birthplace

Philadelphia

Name of Medical Attendant, or other Person who makes this Return

W. S. Irons, M.D.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1431874

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5. 6 children  
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 of October 1880

4. Place of Birth, (Street and Number)

N. 59 East Ave

5. Full Name of Mother,

Sophy Walter

6. Mother's Maiden Name,

Sophy Kearnell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adam Walter

9. Father's Occupation,

Labrador

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sabina Gieseler

Address,

No 105 West St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113133

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29 of October 1900

4. Place of Birth, (Street and Number)

No 333 Williams St

5. Full Name of Mother,

Anna Canale

6. Mother's Maiden Name,

Anna Buckley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Canale

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Salina Gulechabes

Address,

No 128 West St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct. 29. 1880

4. Place of Birth, (Street and Number)

Montgomery St. 466

5. Full Name of Mother

Emma Fisher

6. Mother's Maiden Name

Robinson

7. Mother's Birthplace

Balt.

8. Full Name of Father

Frederick Fisher

9. Father's Occupation

Wagoner

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Mr. Johnny Roubach

Address

Montgomery St. No 14

Remarks

W. Roubach

RECORDS OF THE DIVISION OF THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

13757

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> Child
1. Sex, (state whether male or female) male William C. Cohn
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 29. 1890
4. Place of Birth, (Street and Number) Eastern Av. No. 222
5. Full Name of Mother, Maroline Cohn
6. Mother's Maiden Name, Maroline Welder
7. Mother's Birthplace, Baldy City
8. Full Name of Father, Adam Cohn
9. Father's Occupation, Tanner
10. Father's Birthplace, Baldy City
- Name of Medical Attendant, or other Person who makes this Report, Mary E. Muller
- Address, A. Dallas St. No. 26
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

143158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 29, 1880

4. Place of Birth, (Street and Number)

161 Raborg St

5. Full Name of Mother,

Sarah Tolbert

6. Mother's Maiden Name,

Sarah Jones

7. Mother's Birthplace,

Balto md

8. Full Name of Father,

Jos Tolbert

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Balto md

Name of Medical Attendant, or other Person who makes this Return.

Charlot Proctor

Address,

No 10 Carlton St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43159

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *29th of October 1880.*  
 4. Place of Birth, (Street and Number) *67 North Chapel street.*  
 5. Full Name of Mother, *Kath Bauer*  
 6. Mother's Maiden Name, *Kate Span*  
 7. Mother's Birthplace, *Germany*  
 8. Full Name of Father, *Juhn Span*  
 9. Father's Occupation, *Capenake maker*  
 10. Father's Birthplace, *Germany*  
 Name of Medical Attendant, *Crescentia Lunkel*  
or other Person who makes this Return.  
 Address, *71 North Chapel street pr Justina Lunkel*  
 Remarks, *Healthy.*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43160

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 29th 1880

4. Place of Birth, (Street and Number) 48 S.W. Fremont St.

5. Full Name of Mother Agnes Shockray Roland

6. Mother's Maiden Name Shockray

7. Mother's Birthplace Ireland

8. Full Name of Father John Roland

9. Father's Occupation Saboner

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 E.anna. Ave.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43161

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 29, 1880

4. Place of Birth, (Street and Number)

\* 335 - E. Baltimore St

5. Full Name of Mother,

M. Jennie Reese

6. Mother's Maiden Name,

" " Patterson

7. Mother's Birthplace,

Batho. Md

8. Full Name of Father,

David W. Reese

9. Father's Occupation,

Proprietor of Iron Foundry

10. Father's Birthplace,

Batho. Md

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Harrison M.D.

Address,

305 W. Caroline St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Place of Birth, (Street and Number) \_\_\_\_\_
5. Full Name of Mother \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace \_\_\_\_\_
8. Full Name of Father \_\_\_\_\_
9. Father's Occupation \_\_\_\_\_
10. Father's Birthplace \_\_\_\_\_
- Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. 143163

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 29th
4. Place of Birth (Street and Number) W. Pratt St 1204
5. Full Name of Mother Mae Brannon
6. Mother's Maiden Name Mary Byrne
7. Mother's Birthplace Ireland
8. Full Name of Father James Brannon
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Henry
- Address 112 Scott St
- Remarks

1431611

BALTIMORE CITY.

A circular ink stamp from the Baltimore Health Department. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the date "NOV 13 1890" is stamped in three lines.

2d

Male

white

29<sup>th</sup> Oct. 1880

118 Battery Ave

Margaret A. Darling

Espresso

Balto.

Andrew J. Drivling

Blacksmith

B.C.

or other Person who makes this Return.

H. W. Owings, M. D.  
274 Madison Ave.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

143165  
Fifth (5th)  
Female

White  
October 20th 1880

No 71 3th St. W. B.  
Annin S. Swann

in a house  
Baltimore Md

Dr. W. Swann  
Germanian B. Co. W.

West 2d St  
Dr. J. G. L. Swann

143165  
The Jacobson  
Mrs. Swann and Swann

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *October 30 1880*
4. Place of Birth (Street and Number) *181 Patterson Park or*
5. Full Name of Mother *Henry Beck*
6. Mother's Maiden Name *Henry Beek*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *John Beck*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Rachel Ann Garrett*
- Address *65 Burke St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*1st*  
*Male*

*Oct. 30<sup>th</sup>*

*Baltimore, Md.*

*Emma Xianmu*

*Baltimore*

*W. M. Dutrick*

*Restaurant*

*Baltimore*

*Mrs. Fumler*



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth October 30<sup>th</sup> 1880.
4. Place of Birth, (Street and Number) # 89 North Eyles St.
5. Full Name of Mother Kate Lickel.
6. Mother's Maiden Name Kate Baker.
7. Mother's Birthplace Balto.
8. Full Name of Father Ferdinand Louis Lickel.
9. Father's Occupation Patrol Baker.
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. Alfred H. Sigrist.
- Address 182 East Monument St.
- Remarks \_\_\_\_\_

113169

That any person, officer, midwife, or other person in charge, who, as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, without thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24

*John L.*

White

Oct 30<sup>th</sup>

10345 E. Fayette St  
Berndt

Pennie Berndt

John Kamm

Germany

Laron Bernell

Butcher

Germany

Mrs. Gebke

1933 - Bond St

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# RETURN OF A BIRTH,

43170

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



or other person in charge, who must enter the name of the mother of such child or children, within the City of Baltimore, shall report to the Registrar aforesaid, within a reasonable time, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 30th
4. Place of Birth, (Street and Number) No. 234 Spuchman St.
5. Full Name of Mother Augusta Fein
6. Mother's Maiden Name Golke
7. Mother's Birthplace Germany
8. Full Name of Father Herman Hein
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Getzke
- Address No. 22 S Bond St
- Remarks \_\_\_\_\_

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

**Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st  
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 31<sup>st</sup> 1880.

4. Place of Birth (Street and Number)

Chesapeake St No 24 - Balt - Md.

5. Full Name of Mother

Eda Bennett

6. Mother's Maiden Name

" Roycroft

7. Mother's Birthplace

Baltimore - Md.

8. Full Name of Father

James B. Bennett

9. Father's Occupation

House Carpenter

10. Father's Birthplace

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

M. A. Davenport

Address

124 Gough St

Remarks

Mother & Child - doing well.

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 12 1123
2. Sex, (state whether male or female) (Male)
3. Race or Color, (if not of the white race) Color Mother and father's
4. Date of Birth, October 30<sup>th</sup> 80
5. Place of Birth, (Street and Number) 143 Green Street
6. Full Name of Mother, Amanda J. Warner
7. Mother's Maiden Name, Amanda J. Johns
8. Mother's Birthplace, Baltimore Co Md
9. Full Name of Father, James Warner
10. Father's Occupation, Gunber yard Father
11. Father's Birthplace, Talbot Co Md
12. Name of Medical Attendant, or other Person who makes this Return, Dr. W. Mary Gibson
13. Address, 1011 Chambers St
14. Remarks, Very fine Bargain Easy to deliver And appears in good order

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 43173

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. (d. 11<sup>th</sup> 1880.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 30<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 1139<sup>1/2</sup> Greenway Alley

5. Full Name of Mother Anna Magdalena Miller

6. Mother's Maiden Name Anna Bradenmeyer

7. Mother's Birthplace Germany

8. Full Name of Father Michael J. Miller

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mr. M. S. S. S.

Address 10137 S. Wolf St.

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1131711

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.. children
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 of October 1880
4. Place of Birth, (Street and Number) No. 106 W. Baltimore St.
5. Full Name of Mother, Mary Sapell
6. Mother's Maiden Name, Mary Koush
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Sapell
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return J. A. Jones, Physician
- Address, No. 125 West St.
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 30<sup>th</sup>

4. Place of Birth, (Street and Number)

62 Ridgely St

5. Full Name of Mother,

Caroline Bannan

6. Mother's Maiden Name,

Cragg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Bannan

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Katharine Seebach

Address,

439 West Bath St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-31/76

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13<sup>tes</sup> Kind*  
 1. Sex, (state whether male or female) *Mädchen*  
 2. Race or Color, (if not of the white race) *Weiß*  
 3. Date of Birth, *geboren den 30<sup>ten</sup> October*  
 4. Place of Birth, (Street and Number) *N<sup>o</sup> 158 Eden Str*  
 5. Full Name of Mother, *Chlothrine Stummer*  
 6. Mother's Maiden Name, *Chlothrine Bürgling*  
 7. Mother's Birthplace, *Deutschland*  
 8. Full Name of Father, *Is. Hermann Stummer*  
 9. Father's Occupation, *Copper*  
 10. Father's Birthplace, *Deutschland*  
 Name of Medical Attendant, *Friederike Raupmann*  
 Address, *N<sup>o</sup> 197 S. Daller Str*  
 Remarks, *Hemmer*

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43177

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 30th, 6:20 P. M.

4. Place of Birth (Street and Number) No. 153 Columbia Ave.

5. Full Name of Mother Catharine Steedman

6. Mother's Maiden Name Reese

7. Mother's Birthplace Baltimore City

8. Full Name of Father George Steedman

9. Father's Occupation Shoe Cutter

10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. Williams

Address South East Corner Columbia Ave. & Fremont St.

Remarks Child in good physical condition, & living

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43178

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) No latter

3. Date of Birth, Oct 30 1880

4. Place of Birth, (Street and Number) 70 Diamond St

5. Full Name of Mother, Mary Bivens

6. Mother's Maiden Name,

7. Mother's Birthplace, Accomac Co Virginia

8. Full Name of Father, St. Know

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return, Deborah Thomas

Address, 71 Broadway Alley

Remarks,

Extraordinary Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43179

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Oct 30th 1880*

4. Place of Birth (Street and Number) *98 Gough St.*

5. Full Name of Mother *Mollie Jane Karow*

6. Mother's Maiden Name *Brian*

7. Mother's Birthplace *Smymna Delaware*

8. Full Name of Father *Albert Bernard Karow*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *Baltz Ky*

Name of Medical Attendant, or other Person who makes this Return. *E. P. Bone M.D.*

Address *#406 C. Baltimore St.*

Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or  
advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43/80

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 30 - 1880

4. Place of Birth, (Street and Number)

No 277 N. Eder Street -

5. Full Name of Mother,

Elizabeth J. Armingen

6. Mother's Maiden Name,

Elizabeth J. McGinnis

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Thomas E. Armingen

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Alwell

Address, 286 N. Donogh St

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH.

113181

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Oct 30<sup>th</sup>*  
 4. Place of Birth (Street and Number) *No 4632 Pratt St*  
 5. Full Name of Mother *Ellen Quinn*  
 6. Mother's Maiden Name *Murphy*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *William Quinn*  
 9. Father's Occupation *Labourer*  
 10. Father's Birthplace *Ireland*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Hoare*  
 Address *No 112 South St*  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

49182

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race)  
 3. Date of Birth, *Oct. 30<sup>th</sup> 1880*  
 4. Place of Birth, (Street and Number) *46 Hillman St.*  
 5. Full Name of Mother, *Lord & Hayley*  
 6. Mother's Maiden Name, *Sarah A. Mann*  
 7. Mother's Birthplace, *Indiana*  
 8. Full Name of Father, *Michael J. Hayley*  
 9. Father's Occupation, *Bricklayer*  
 10. Father's Birthplace, *Indiana*  
 Name of Medical Attendant, or other Person who makes this Return, *Edward M. Drville*  
 Address, *153 N. E. St.*  
 Remarks,

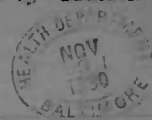


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1883

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 30<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *140 South Castle ally*
5. Full Name of Mother, *Maria Bachmann Schmiedt*
6. Mother's Maiden Name, *Maria Bachmann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Albert Schmiedt*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Mrs Mary C. Dennis*  
or other Person who makes this Return.
- Address, *171 O. Washington St*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth 30 October
4. Place of Birth, (Street and Number) 183 Mulberry St
5. Full Name of Mother Glorie Blackson
6. Mother's Maiden Name Glorie Duncan
7. Mother's Birthplace Annapolis, Md
8. Full Name of Father Adolphus Blackson
9. Father's Occupation Teller
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Walter
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

7th  
Female

October 30<sup>th</sup>

157 Mulligan St

Lizzie G. Gant

Lizzie G. Gant

Baltimore

Lizzie Gant

Architect

Baltimore

Isabella Oliver

120 South Green St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-3186

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 31. 1890*
4. Place of Birth, (Street and Number) *North Smith St.*
5. Full Name of Mother, *Louisa Stuart*
6. Mother's Maiden Name, *Louisa Schuster*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John A. Stuart*
9. Father's Occupation, *Cockman*
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Ap's Drunler*  
*No 80 Schradie St*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 31/80

4. Place of Birth, (Street and Number)

1. W. Cor. Pratt & Chilton

5. Full Name of Mother,

Florence Larouque

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Regis Larouque

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

D. R. W. Mansfield

Address,

117 S. Broadway.

Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43188

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st  
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 31<sup>st</sup> 1888

4. Place of Birth (Street and Number)

Maternity, 161 W. Lombard St.

5. Full Name of Mother

Sophia May

6. Mother's Maiden Name

"

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

unknown

9. Father's Occupation

"

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free

Address

161 W. Lombard St.

Remarks

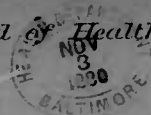
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1-3189

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 20 18*
4. Place of Birth, (Street and Number) *Stockholm near Sharp*
5. Full Name of Mother, *Annie Maria Marshall*
6. Mother's Maiden Name, *Annie Maime Liddle*
7. Mother's Birthplace, *Baltimore city*
8. Full Name of Father, *John James Marshall*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Hirshonica M. King*
- Address, *42 Landonfall st*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

143190



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st Child  
Female Child  
Color Child  
21 October 1887  
26 Peach Alley  
Francine Emery  
Francine Brody  
Solvent County  
Dan Brody  
Harde Carr  
Prince Jarge  
Milly Gross  
181. York Street



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or attend at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their birth weight, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 31 October
4. Place of Birth, (Street and Number) 240 Wolfe Street
5. Full Name of Mother Kalaja Müller
6. Mother's Maiden Name Kisser
7. Mother's Birthplace Baltimore
8. Full Name of Father Karl Kisser
9. Father's Occupation ---
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Marie Guttner
- Address Wolfe Street 245
- Remarks ---

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



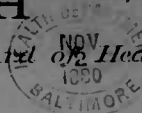
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(6<sup>th</sup>) Sixth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *October 31. 1880*
4. Place of Birth (Street and Number) *364 North Carey Street*
5. Full Name of Mother *Laura Smith*
6. Mother's Maiden Name *" Griffith*
7. Mother's Birthplace *Baltimore City, Md.*
8. Full Name of Father *Samuel Delaney Smith*
9. Father's Occupation *City Librarian*
10. Father's Birthplace *Baltimore City, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Hammer*
- Address *281 N. Fremont St.*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 31 '80*
4. Place of Birth, (Street and Number) *40 Division St.*
5. Full Name of Mother, *Annie Wiegcke*
6. Mother's Maiden Name, *Annie Lippert*
7. Mother's Birthplace, *Me*
8. Full Name of Father, *E. John Wiegcke*
9. Father's Occupation, *Croaker*
10. Father's Birthplace, *Me*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*J. Keller and A. Greene St.*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

431911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *31st October 1880*  
 4. Place of Birth, (Street and Number) *No 291 Thacker St*  
 5. Full Name of Mother, *Larry Chasemack*  
 6. Mother's Maiden Name, *Larry Bacon*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *John Chasemack*  
 9. Father's Occupation, *Labrador*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, *Baltimore Dispensary*  
 Address, *No 128 West St*  
 Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43196

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

- 1. Sex, (state whether male or female) Male
  - 2. Race or Color, (if not of the white race) White
  - 3. Date of Birth, October 31 1880
  - 4. Place of Birth, (Street and Number) No. 406 1/2 Lishman Street
  - 5. Full Name of Mother, Josephine Lishman
  - 6. Mother's Maiden Name, Rector
  - 7. Mother's Birthplace, Baltimore
  - 8. Full Name of Father, Mr. Larned
  - 9. Father's Occupation, Salesman
  - 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Schmitt
- Address, No 521 Lima Ave Arden
- Remarks,

CAUTION: REGISTRARS OF THE BOARD OF HEALTH TO SECURE A FULL AND CORRECT  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or abet at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43196

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth October 31<sup>st</sup> 1880

4. Place of Birth, (Street and Number) # 61 Hollin St.

5. Full Name of Mother Mary Miller

6. Mother's Maiden Name Mary Brown

7. Mother's Birthplace Belle

8. Full Name of Father Albert Miller

9. Father's Occupation Book Binder

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Wm. H. August

Address 182 East Monument St.

Remarks \_\_\_\_\_

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# **RETURN OF A BIRTH.**

43197

**To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 21st 1880*

4. Place of Birth (Street and Number) *337 W. Fayette St.*

5. Full Name of Mother *Mollie O. Depkin*

6. Mother's Maiden Name *Crise*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John Henry Depkin*

9. Father's Occupation *Merchant Tailor*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Wm W. Henry*

Address *308 W. Fayette St.*

Remarks



**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

4-3198

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *October 21st 1880*  
 4. Place of Birth (Street and Number) *576 W. Baltimore St*  
 5. Full Name of Mother *Bridget Lang*  
 6. Mother's Maiden Name *Gabriel*  
 7. Mother's Birthplace *France*  
 8. Full Name of Father *Jerome Lang*  
 9. Father's Occupation *Upholsterer*  
 10. Father's Birthplace *France*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm W. Murray M.D.*  
 Address *308 W. Fayette St.*  
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113199

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, October 21, 1880

4. Place of Birth, (Street and Number) 132 Durham St

5. Full Name of Mother, Margrett Lee

6. Mother's Maiden Name, Margrett Blair

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, John T. Lee

9. Father's Occupation, Musicians

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Luanda Woodford

Address, 130 Register St

Remarks,



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43200

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth, .....

Oct 31 1880

4. Place of Birth, (Street and Number) .....

19 Street

5. Full Name of Mother, .....

Jan Whitehead

6. Mother's Maiden Name, .....

Jan Jeffers

7. Mother's Birthplace, .....

Baltimore

8. Full Name of Father, .....

Gov Jeffers

9. Father's Occupation, .....

Carpenter

10. Father's Birthplace, .....

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Harry Wagoner

Address, .....

Russell St. No. 70,

Remarks, .....

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

**Correct Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *October 31st*

4. Place of Birth (Street and Number) *Raborg St num 81*

5. Full Name of Mother *Laura Thomas*

6. Mother's Maiden Name *Laura M. Katty*

7. Mother's Birthplace *Baltimore M. D.*

8. Full Name of Father *Hagellon Thomas*

9. Father's Occupation *Porter*

10. Father's Birthplace *Baltimore M. D.*

Name of Medical Attendant, or other Person who makes this Return *Elizabeth Bias*

Address *Raborg St 57*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.  
 1. Sex (state whether male or female) female.  
 2. Race or Color, (if not of the white race) White.  
 3. Date of Birth December 1st 1880.  
 4. Place of Birth, (Street and Number) No 183 Biddle St.  
 5. Full Name of Mother Rebecca Winters  
 6. Mother's Maiden Name Rebecca Alltons  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John Winters  
 9. Father's Occupation Laborer  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Budd.  
 Address No. 185 S.E. Cor. Central av & Monument St  
 Remarks All Well.

Extract Regulations of the Board of Health of Baltimore.  
 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43936

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth,*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec. 1/80.*  
 4. Place of Birth (Street and Number) *87 Edmonstone Ave*  
 5. Full Name of Mother *Martha A. Chenoweth*  
 6. Mother's Maiden Name *Morrison*  
 7. Mother's Birthplace *Baltimore Co., Md.*  
 8. Full Name of Father *O. B. Chenoweth*  
 9. Father's Occupation *Butter Dealer*  
 10. Father's Birthplace *Baltimore Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *N. R. Kottenhoff M.D.*  
 Address *205 W. Biddle St.*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dec. 1. 1880  
 1st. Born at No. 63  
 Barbours Leberlein  
 Huppman.  
 Balt.  
 Johann Leberlein  
 Tailor  
 Balt.  
 Mr. J. B. Roubauch  
 121 N. 1st St.  
 H. M. M. M.



**Correct Record of Vital Statistics in the City of Baltimore.**

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*  
**BALTIMORE CITY.**

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd Girl*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Born the 1 December 1880*
4. Place of Birth (Street and Number) *No 4 Gilbert St Baltimore City*
5. Full Name of Mother *Harriett Ann Roberts - married name*
6. Mother's Maiden Name *Harriett Ann Bordy married*
7. Mother's Birthplace *Newford County and*
8. Full Name of Father *William Henry Roberts*
9. Father's Occupation *My Occupation is a Laborer*
10. Father's Birthplace *My Birthplace*
- Name of Medical Attendant, or other Person who makes this Return. *Midwife Lewis Cornish*
- Address *No 15 London St*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-3930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 1st 1880.*
4. Place of Birth, (Street and Number) *No 40 St. Carrolltown. Co.*
5. Full Name of Mother, *Pharilla Steiner*
6. Mother's Maiden Name, *" Taubenbaum*
7. Mother's Birthplace, *Winchester Virginia*
8. Full Name of Father, *Mathew Moses Steiner*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Emberle W. Womble M.D.*
- Address, *No 205 St. Lombard St.*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec. 17 '80.
4. Place of Birth (Street and Number) 404 E. Lombard St.
5. Full Name of Mother Mattie A. E. Sinclair
6. Mother's Maiden Name Mattie A. E. Sierkey
7. Mother's Birthplace Baltimore City
8. Full Name of Father Perry Sinclair
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. John S. Brown M.D.
- Address 814 E. Calver St. Read St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*  
 1. Sex (state whether Male or Female) *male*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *1 December 1880*  
 4. Place of Birth (Street and Number) *E. Broadway III*  
 5. Full Name of Mother *Louise Egger*  
 6. Mother's Maiden Name *Louise Smith*  
 7. Mother's Birthplace *Baltimore Samaritan*  
 8. Full Name of Father *Philip Egger*  
 9. Father's Occupation *Wholesale*  
 10. Father's Birthplace *Hamburg*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Steinward*  
 Address *224 West Fayette Street*  
 Remarks

143932

**Record of Vital Statistics in the City of Baltimore.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113933

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st December 1880*
4. Place of Birth, (Street and Number) *20 N. E. St.*
5. Full Name of Mother, *Liza Lane*
6. Mother's Maiden Name, *Burgel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Luis Lane*
9. Father's Occupation, *Salara*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Louis Kelly*
- Address, *1012 Littleton St. E.*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*  
 1. Sex (state whether male or female) *Female Maria Caroline Muller*  
 2. Race or Color (if not of the white race) *white*  
 3. Date of Birth *1<sup>st</sup> of December*  
 4. Place of Birth (Street and Number) *Edm St N 165*  
 5. Full Name of Mother *Anne Muller*  
 6. Mother's Maiden Name *Anna Bungartz*  
 7. Mother's Birthplace *Liegnitz Germany*  
 8. Full Name of Father *August Muller*  
 9. Father's Occupation *Watchmaker*  
 10. Father's Birthplace *Wohlau Germany*  
 Name of Medical Attendant, or other Person who makes this Return. *Doan Hays Guberson*  
 Address *26 N Frank St Baltimore Md*  
 Remarks

**Extract Regulations of the Board of Health of Baltimore.**  
**Direct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113935

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The child

1. Sex (state whether Male or Female)

girl

2. Race or Color (if not of the white race)

colored

3. Date of Birth

December the first

4. Place of Birth (Street and Number)

87 McEliers st

5. Full Name of Mother

anna Jones

6. Mother's Maiden Name

anna Banks

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

andrew Jones

9. Father's Occupation

cook

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

1122 N Dale

Address

anna Dunker

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113936

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 1: 1880*
4. Place of Birth (Street and Number) *S. W. Cor. Lexington Ave & Lombard St*
5. Full Name of Mother *Amiella G. Morgan*
6. Mother's Maiden Name *" Goldsborough*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William J. Morgan*
9. Father's Occupation *Grain Commission Merchant*
10. Father's Birthplace *Petersburg Va*
- Name of Medical Attendant, or other Person who makes this Return *P. B. Williams*
- Address *301 Madison Ave*
- Remarks



Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles Thomas Richardson



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second 22

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 1st

4. Place of Birth (Street and Number)

1519 North High St

5. Full Name of Mother

Mary E. Richardson

6. Mother's Maiden Name

" " Ward

7. Mother's Birthplace

Balto Md

8. Full Name of Father

Edwards J Richardson

9. Father's Occupation

Printer

10. Father's Birthplace

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

J. E. Fooks MD

Address

241 E Balto St

Remarks

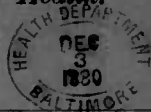
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

113938

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth the 1 of December
4. Place of Birth, (Street and Number) at Little Baltimore St. N.Y.
5. Full Name of Mother Mary Fitch Child
6. Mother's Maiden Name
7. Mother's Birthplace Washington
8. Full Name of Father Earl Miller
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Cristina Tamm
- Address 177 Haymarket
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43939

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Given 6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 12, 1884

4. Place of Birth, (Street and Number)

4212 North 1st St

5. Full Name of Mother,

Elyse H. Fish

6. Mother's Maiden Name,

a Wolf

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Robert C Fish

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Galveston Co Tex

Name of Medical Attendant, or other Person who makes this Return.

Dr J. H. Hall

Address,

1615 Pennsylvania

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

14394.0

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *6*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colord*
3. Date of Birth *December 1*
4. Place of Birth (Street and Number) *Booce st No 51*
5. Full Name of Mother *Annie M stores*
6. Mother's Maiden Name *Annie M sands*
7. Mother's Birthplace *Harpers ferry Md*
8. Full Name of Father *Booied R stores*
9. Father's Occupation *Harshier*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Primrose*
- Address *No 26 booen st*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

4294-1

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 1st 1890

4. Place of Birth, (Street and Number)

No 168 S. Bethel st

5. Full Name of Mother,

Elizabeth Schreiner

6. Mother's Maiden Name,

Wiber

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Schreiner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Beyer

Address,

120 Baiter st

Remarks,

*recd Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 2 1880

4. Place of Birth (Street and Number) 29 Leason St

5. Full Name of Mother Kate Leason

6. Mother's Maiden Name Kate Kirby

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Leason

9. Father's Occupation labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss E. Trapp

Address 193 Leason

Remarks Healthy

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH, 4394.3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th  
 1. Sex (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth Dec 2d  
 4. Place of Birth, (Street and Number) Clement St 1813  
 5. Full Name of Mother Annie Rosman  
 6. Mother's Maiden Name Annie Walton  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father George Rosman  
 9. Father's Occupation Sealer  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson  
 Address 452 York Ave  
 Remarks Mother and child doing well

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

4394-4

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December the 2, 1880*

4. Place of Birth, (Street and Number) *Chesler St. No. 109*

5. Full Name of Mother, *Maryanna Dorsey*

6. Mother's Maiden Name, *Maryanna Reber*

7. Mother's Birthplace, *Lancaster County, N. H. Brit. Europe*

8. Full Name of Father, *William Dorsey*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Lancaster County, N. H. Brit. Europe*

Name of Medical Attendant, *or other Person who makes this Return. Mary E. Miller*

Address, *Dallas St. No. 26*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, age, residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113945

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 2nd

4. Place of Birth, (Street and Number)

56. McHenry St.

5. Full Name of Mother,

Anna E. Stamp

6. Mother's Maiden Name,

Anna E. McClatchy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father, ..

Thomas Henry Stamp

9. Father's Occupation,

Marble Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Catherine Seebach W. 437 W. Pratt St.

Address,

Remarks,



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113946

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female).... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth,..... *December 2, 1880*
4. Place of Birth, (Street and Number) *No. 79. Hancock*
5. Full Name of Mother, *Winnie Leah*
6. Mother's Maiden Name, *Winnie McQuaid*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John M. Leah*
9. Father's Occupation, *Produce Dealer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. S. S. Soper*
- Address, *20 Columbia St*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

11-394-7

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2 Dec -
4. Place of Birth (Street and Number) 74 N. Eustace St. Durham St
5. Full Name of Mother Mary Lane O'Brian
6. Mother's Maiden Name Stedman
7. Mother's Birthplace Balto
8. Full Name of Father John O'Brian
9. Father's Occupation Walterman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. J. Grop.
- Address 137 Orleans St.
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43948

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether ~~1st, 2d, 3d, etc.~~) *Twelfth child*

1. Sex (state ~~whether Male or~~ Female) *White*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 2<sup>nd</sup>. 1880.*

4. Place of Birth (Street and Number) *No. 411. N. Fremont, St.*

5. Full Name of Mother *Marion. Bremer.*

6. Mother's Maiden Name *Marion. Clark.*

7. Mother's Birthplace *Balto. City.*

8. Full Name of Father *Joseph. Bremer.*

9. Father's Occupation *Painter.*

10. Father's Birthplace *Balto. City.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. C. Cooley. M.D.*

Address *#296. Penna. Ave.*

Remarks *Presentation Facial Child healthy and doing well*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

113949

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 22, 1880

4. Place of Birth, (Street and Number)

405 57 North Charles St

5. Full Name of Mother

Mrs. Lorisia King

6. Mother's Maiden Name

Mrs. Lorisia Hamilton

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Mr. James King

9. Father's Occupation

Houseman

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return.

Wm H. Chudman M.D.

Address

405 57 North Second St.

Remarks

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

*female*

2. Race or Color (if not of the white race)

*colored*

3. Date of Birth

*December 2, 1880*

4. Place of Birth (Street and Number)

*37 Perry st*

5. Full Name of Mother

*Lizor Ross*

6. Mother's Maiden Name

*Lizor Silvern*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Willie Ross*

9. Father's Occupation

*Draymer*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other person who is to return.

*Mary Ann Dorsey*

Address

*64 Elbow Lane*

Remarks

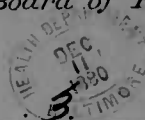
*five dollars*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113951

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.

Address,.....

Remarks,.....

Male  
White  
29 December 1880  
Therett St. No. 4.  
Margaret Jackson  
Margaret Tyndal  
Baltimore  
Thomas L. Jackson  
Laborer  
Baltimore, M.D.  
Wilby, Geo.  
181. York

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 2 1880

4. Place of Birth, (Street and Number) Clemond Street

5. Full Name of Mother Julia Finney

6. Mother's Maiden Name Julia Loman

7. Mother's Birthplace Ireland

8. Full Name of Father Malachy Finney

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Maggie Etzel

Address No 13 Cedar Street

Remarks Locust Point



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2d of January 1881*
4. Place of Birth, (Street and Number) *326 East Orleans Street*
5. Full Name of Mother, *Annie Catharine Schultze*
6. Mother's Maiden Name, *Annie, Catharine Hook*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Fred Hook*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*
- Address, *71 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 5,

4. Place of Birth (Street and Number)

36 William St

5. Full Name of Mother

Elizabeth Robbins

6. Mother's Maiden Name

" Hall

7. Mother's Birthplace

City

8. Full Name of Father

Richard Robbins

9. Father's Occupation

Carpenter

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

J. C. Bunch M.D.

Address

15 N. E. Avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY. *Dec 1880*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 22 1880*
4. Place of Birth, (Street and Number) *17 S Canallion av*
5. Full Name of Mother, *Lana V Disney*
6. Mother's Maiden Name, *Lana V Goodrich*
7. Mother's Birthplace, *St Marys co*
8. Full Name of Father, *Joseph A Disney*
9. Father's Occupation, *Produce Seller*
10. Father's Birthplace, *A. A. co*

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43956

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) \_\_\_\_\_  
 3. Date of Birth *Dec 2nd 1880.*  
 4. Place of Birth (Street and Number) *481 N. Fayette St.*  
 5. Full Name of Mother *Sarah Wood*  
 6. Mother's Maiden Name *S. J. Perry*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Melvin Wood*  
 9. Father's Occupation *Book-keeper*  
 10. Father's Birthplace *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return. *Edward H. Wood M.D.*  
 Address *248 W. Lombard St.*  
 Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

143957

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 2<sup>d</sup> 1880

4. Place of Birth, (Street and Number)

Cor Burke & Alice Ann sts

5. Full Name of Mother,

Mary Parsons Graham

6. Mother's Maiden Name,

Pahr

7. Mother's Birthplace,

Ct

8. Full Name of Father,

George Graham

9. Father's Occupation,

Oyster shucker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Botz

Address,

120 Bal. & St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

43958

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth The 2 Decem 1880

4. Place of Birth, (Street and Number) No 96 E. Main Street

5. Full Name of Mother alla jones

6. Mother's Maiden Name alla garrett

7. Mother's Birthplace Petersburg Virginia

8. Full Name of Father oliver jones

9. Father's Occupation Carver

10. Father's Birthplace Prine gary Tenn

Name of Medical Attendant, or other Person who makes this Return. Dr. W. M. M. M.

Address No 70 Chesnut Street

Remarks Mother had child during labor

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-3957

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 2<sup>d</sup> 1880*

4. Place of Birth, (Street and Number) *Belair Ave near Rand St*

5. Full Name of Mother, *Emma J. Rogers*

6. Mother's Maiden Name, *Emma J. Wilson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles A Rogers*

9. Father's Occupation, *Car Driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Lane Perkins*

Address, *Chester Street near Gay*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14,3960

**Health.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

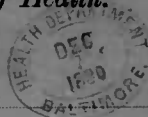


Extra Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Dec 3 1880  
 4. Place of Birth (Street and Number) 173 Chester St  
 5. Full Name of Mother Rebecca Levin  
 6. Mother's Maiden Name Rebecca Townsend  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Isaac Levin  
 9. Father's Occupation Superintendent  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other person who makes this Return. Wm. C. Thompson  
 Address 193 Chester St  
 Remarks Healthy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Dec 3rd 1880.*
4. Place of Birth, (Street and Number) *Maternity 161 W. Lombard St.*
5. Full Name of Mother, *Mary Burchard.*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Richmond, Va.*
8. Full Name of Father, *Unknown.*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, *Spencer M. Free, M.D.*  
or other Person who makes this Return.
- Address, *Maternity Hospital.*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113963

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 3d 1880
4. Place of Birth, (Street and Number) N. W. Lombard St
5. Full Name of Mother, Maggie Schirring
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A. Schirring
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. C. M. M. Schirring 6323 Penna St.
- Address,
- Remarks,

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Second*

1. Sex (state whether Male or Female)

*Male*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*December 3<sup>rd</sup> 1880*

4. Place of Birth (Street and Number)

*116 N. High St*

5. Full Name of Mother

*Estherine Coyne*

6. Mother's Maiden Name

*Estherine E. Lukin*

7. Mother's Birthplace

*Ireland*

8. Full Name of Father

*John K. Coyne*

9. Father's Occupation

*Collector*

10. Father's Birthplace

*Ireland*

Name of Medical Attendant, or other Person who makes this Return.

*Mrs. C. J. H. H. H.*

Address

*116 N. High St*

Remarks

*(city)*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



113963

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 3<sup>d</sup> 1889*

4. Place of Birth (Street and Number) *#191 North Wolf Street*

5. Full Name of Mother *Margaret Jones*

6. Mother's Maiden Name *McPhadden*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *William Jones*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *Albany Geo Md*

Name of Medical Attendant, or other Person who makes this Return. *J. B. Porter M.D.*

Address *#195 Argus Street*

Remarks *Physical Condition Good Labor Natural*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

At any physician, accoucheur, midwife, or other person to be designated, who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

118966

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 21 1896

4. Place of Birth, (Street and Number) 1111 N. E. St.

5. Full Name of Mother Anna M. Smith

6. Mother's Maiden Name Johnson

7. Mother's Birthplace Germany

8. Full Name of Father John M. Smith

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Smith

Address 1111 N. E. St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child  
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 3rd 1880  
No 58 Ladenhall St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Anna Krenzger  
Briest

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany  
Charles Krenzger

8. Full Name of Father,

9. Father's Occupation,

Laborer  
Briest Germany

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. Lohrsover midwife  
330 Hanover St

Address,

Remarks,



That any physician, apothecary, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*  
**BALTIMORE CITY.**

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 3rd 1881
4. Place of Birth (Street and Number) 1. 2nd St. No. 109
5. Full Name of Mother Virginia Griffin
6. Mother's Maiden Name Virginia White
7. Mother's Birthplace Paolo City
8. Full Name of Father Charles C. Griffin
9. Father's Occupation Barber
10. Father's Birthplace Paolo City
- Name of Medical Attendant, or other Person who makes this Return. Susan C. Morgan
- Address 1014 Latham St
- Remarks 42

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Dec. 3. 1880*

4. Place of Birth (Street and Number) *47 St. Pyham St*

5. Full Name of Mother *Martha Chase*

6. Mother's Maiden Name *Martha Wilson*

7. Mother's Birthplace *Fairfax's Island, Md.*

8. Full Name of Father *William Chase*

9. Father's Occupation *Salver*

10. Father's Birthplace *Church Creek Md.*

Name of Medical Attendant, or other Person who makes this Return. *Susan Morgan*

Address *47 W. Pyham St.*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43970

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth December 3<sup>rd</sup> 1883.  
 4. Place of Birth (Street and Number) 257 Mulberry St.  
 5. Full Name of Mother Louise Bruesel  
 6. Mother's Maiden Name Louise List  
 7. Mother's Birthplace Germany  
 8. Full Name of Father Justus Bruesel  
 9. Father's Occupation Cabinet Maker  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Chas. Somersfeldt  
 Address Brth. Franklin Bldg  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43971

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

20.

1. Sex, (state whether male or female)...

Female,

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

December 3<sup>d</sup> 1880.

4. Place of Birth, (Street and Number)

No 16 Clinton Av,

5. Full Name of Mother,

Sarah F. Ebberts.

6. Mother's Maiden Name,

Sarah F. Sapp,

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Ebberts

9. Father's Occupation,

Leigum Maker

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

John S. Huntington M.D.

Address,

134 N. Carrollton Av

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 2 December

4. Place of Birth, (Street and Number) 126 S Canal

5. Full Name of Mother, Lirie Skins

6. Mother's Maiden Name, Bush

7. Mother's Birthplace, Balt Md

8. Full Name of Father, James Skins

9. Father's Occupation, Workman

10. Father's Birthplace, Balt Md

Name of Medical Attendant, Mrs. Sara Casper  
or other Person who makes this Return.

Address, 52 E. Lombard

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43973

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 3<sup>rd</sup> 80

4. Place of Birth, (Street and Number)

No 168 Fairmount Ave

5. Full Name of Mother,

Mary King

6. Mother's Maiden Name,

Mary Abbott

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Lawrence King

9. Father's Occupation,

Lay Preacher

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. E. Wambold M.D.

Address,

203 W. Lombard St

Remarks,

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7<sup>th</sup>.

1. Sex (state whether Male or Female) female.

2. Race or Color (if not of the white race) colored.

3. Date of Birth 3rd of december.

4. Place of Birth (Street and Number) 212 South Warner street.

5. Full Name of Mother Leala Jane Norfolk.

6. Mother's Maiden Name Leala Jane Parker.

7. Mother's Birthplace Calvert County.

8. Full Name of Father James A. Norfolk.

9. Father's Occupation Laboring Man.

10. Father's Birthplace Calvert County.

Name of Medical Attendant, or other Person who makes this return Abigail Brooks

Address 210 Warner street between Cross and West streets

Remarks Doing Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

113975

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Mother of the 2d child  
male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Colored Child

3. Date of Birth

3d of December 1880

4. Place of Birth (Street and Number)

Baltimore Md King St No 161

5. Full Name of Mother

Henrietta Howard

6. Mother's Maiden Name

the maiden name Henrietta Howard

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

James Smith

9. Father's Occupation

A Waiter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

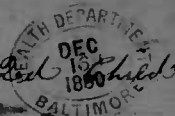
Mary primrose

Address

No 26 Dover St

Remarks

patient doing well





That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female  
White

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 3d 1880

4. Place of Birth, (Street and Number)

277 Druid Hill Ave  
Alice Louise Mason  
Baltimore

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

William Wendrich Nelson  
Shirt Cutter  
Baltimore

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Elias E Price M.D.  
262 Madison Ave

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 3<sup>rd</sup> 80
4. Place of Birth, (Street and Number) Cor West and Sharp St.
5. Full Name of Mother, Mary Kielborn
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Amey Kielborn
9. Father's Occupation, Laborer
10. Father's Birthplace, Prussia
- Name of Medical Attendant, Mary Kirch. or other Person who makes this Return.
- Address, 328 S. Euter St.
- Remarks,

Record of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence name of the mother of each child or children.

# RETURN OF A BIRTH,

43978

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Jan 3 1881  
4. Place of Birth, (Street and Number) 130 Brose st  
5. Full Name of Mother Mary Carmine  
6. Mother's Maiden Name Mary Camyer  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Charles Carmine  
9. Father's Occupation Blacksmith  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash  
Address \_\_\_\_\_  
Remarks \_\_\_\_\_

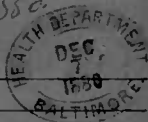
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

13979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY Dec. 6<sup>th</sup> 1880.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Dec 4<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 114 Durkan Alley.

5. Full Name of Mother Lizzie Smith.

6. Mother's Maiden Name Lizzie Lang.

7. Mother's Birthplace Germany.

8. Full Name of Father John Smith.

9. Father's Occupation Laborer.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 137 South Wolfe Street.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

43980

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, 4th of September 1880.  
4. Place of Birth, (Street and Number) No. 8 Carlin place  
5. Full Name of Mother, Amiea Klein  
6. Mother's Maiden Name, Amiea Holter  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Adrie J. Holter  
9. Father's Occupation, Police  
10. Father's Birthplace, England  
Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel  
Address, 71 North Chapel street per Justina Kunkel  
Remarks, Healthy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113981

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th. Sept.

4. Place of Birth, (Street and Number)

38 E. Fayette St.

5. Full Name of Mother,

Mayline Schmidt

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Baltim. Md.

8. Full Name of Father,

George W. Schmidt

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Boston Ma.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Gus Meyer

Address,

32 E. Lomb St.

Remarks,

See the file in mother's

# **NOTICE**

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as shown.**

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assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1898

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 4 7 December

4. Place of Birth, (Street and Number) No 15 Harper St

5. Full Name of Mother Cecilia Ott

6. Mother's Maiden Name Parker

7. Mother's Birthplace Baltimore

8. Full Name of Father James Ott

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant or other Person who makes this Return. Sophia Lemon

Address 158 70 Greenly St

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: *Margherite Catherine Wernsing*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 4<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *95 North Second St*

5. Full Name of Mother *Catherine (Wernsing) Wernsing*

6. Mother's Maiden Name *" (Strickhouser) Strickhouser*

7. Mother's Birthplace *Penna*

8. Full Name of Father *William (Wernsing) Wernsing*

9. Father's Occupation *Confectioner*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Geo B. Reynolds*

Address *North East Cor of Calvert and Monument Sts*

Remarks



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pleteness.**

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or born, its or their physical condition, whether still born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children.

**To the Office of Registrar of Vital Statistics, Board of Health.**  
**BALTIMORE CITY.**

13984

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colored

3. Date of Birth 324 Baltimore Street Dec 11. 1880

4. Place of Birth (Street and Number) 324 Barbours Street

5. Full Name of Mother Luey Sheppard

6. Mother's Maiden Name Taylor

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Albert Sheppard

9. Father's Occupation paper shucker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eliza Cornish

Address 413 Sharpsburg St

Remarks The child is still alive



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*  
 1. Sex (state whether Male or Female) *female*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *dec. 11 1880*  
 4. Place of Birth (Street and Number) *6. Starret st*  
 5. Full Name of Mother *Eliza Brooks*  
 6. Mother's Maiden Name *bornish*  
 7. Mother's Birthplace *Cambridge Med*  
 8. Full Name of Father *George Brooks*  
 9. Father's Occupation *Brick maker*  
 10. Father's Birthplace *Baltimore Med.*  
 Name of Medical Attendant, or other Person who makes this Return. *Eliza bornish*  
 Address *1/13 Saratoga st*  
 Remarks *The child a line*

# RETURN OF A BIRTH.

43986

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

6

(state whether Male or Female)

female

or Color (if not of the white race)

Carbond

of Birth

December 24

of Birth (Street and Number)

Baltimore Houses east No 1

Name of Mother

Rachel Briston

her's Maiden Name

Rachel Daves

her's Birthplace

Maryland

Name of Father

Richard Briston

her's Occupation

Seaman

her's Birthplace

Maryland

of Medical Attendant, or other Person who makes this Return.

Thos. Dwell No 209 S. Howard St

from good attendance

marks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *Dec. 4<sup>th</sup> 80.*  
 4. Place of Birth (Street and Number) *37 Woodward*  
 5. Full Name of Mother *Mary V. Sullivan*  
 6. Mother's Maiden Name *Mary V. Davis*  
 7. Mother's Birthplace *Balto. Maryland*  
 8. Full Name of Father *Charles E. Sullivan*  
 9. Father's Occupation *Labourer*  
 10. Father's Birthplace *Balto. Maryland*  
 Name of Medical Attendant, or other Person who makes this Return. *J. Taylor Smith*  
 Address *121 Baiter St*  
 Remarks

43987

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

113988

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 14<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 39 North Castle St
5. Full Name of Mother Mary Sarah Scanlon
6. Mother's Maiden Name Mary Higgins
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Michael Scanlon
9. Father's Occupation Wholesale Liquors
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. James Bacon MD.
- Address Cor Argyle Ave. & Market St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

112989

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th December

4. Place of Birth, (Street and Number)

33 Cambridge

5. Full Name of Mother,

Mary Eliza Curran

6. Mother's Maiden Name,

Shanahan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Curran

9. Father's Occupation,

clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

1218 Patterson St.

Remarks,



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pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

43990

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *December 4<sup>th</sup>*

4. Place of Birth (Street and Number) *Jefferson Court No. 1 Near Bond St.*

5. Full Name of Mother *Amanda Woods*

6. Mother's Maiden Name *Amanda Delanie*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Joshua Woods*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mary C Price*

Address *200 N. Broadway*

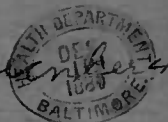
Remarks

# RETURN OF A BIRTH.

48991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c) 4 Baltimore

(state whether Male or Female) Male

or Color (if not of the white race) Colored

Age of Birth 4

Place of Birth (Street and Number) Durham St 95

Name of Mother Jane Dennis

Mother's Maiden Name Jane Sales

Mother's Birthplace Baltimore

Name of Father Joshua Dennis

Mother's Occupation Dressmaker

Mother's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Theobald Man Landa

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who and alien, and of  
 also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,  
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
 of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113992

To the Office of Registrar of Vital Statistics, Board of Health,  
 BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 8 child of child*
1. Sex, (state whether male or female) *the Male child*
2. Race or Color, (if not of the white race) *Color child*
3. Date of Birth, *The 4 of December*
4. Place of Birth, (Street and Number) *No. 50. Henrietta street*
5. Full Name of Mother, *Fane Young*
6. Mother's Maiden Name, *Fane Young*
7. Mother's Birthplace, *bolvert-country M. D.*
8. Full Name of Father, *Charge Young*
9. Father's Occupation, *he is a*
10. Father's Birthplace, *bolvert-country M. D.*
- Name of Medical Attendant, or other Person who makes this Return, *Miller Gross*
- Address, *No. 187 yank street*
- Remarks,



# RETURN OF A BIRTH

113993

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, or cause to be delivered, any child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 children*  
 1. Sex, (state whether male or female) *Female*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *4 of December 1880*  
 4. Place of Birth, (Street and Number) *No 407 Light St*  
 5. Full Name of Mother, *Katie Kaufman*  
 6. Mother's Maiden Name, *Katie Seader*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Joseph Kaufman*  
 9. Father's Occupation, *Shandy maker*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, *Salina Seader*  
 Address, *No 125 11th St*  
 Remarks, *Magnolia from the Mother 2 months old*  
*lived 24 hours*

That any Physician, accoucheur, midwife, or other person in charge, when shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

4-3794

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 56

1. Sex, (state whether ~~male~~ or female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, Dec. 4. 1890

4. Place of Birth, (Street and Number) St. Schuppert St. No 70  
Hunigunde Pretzel

5. Full Name of Mother, Elisabeth

6. Mother's Maiden Name, Balt.

7. Mother's Birthplace, Hannover, Pretzel

8. Full Name of Father, Leber

9. Father's Occupation, Balt.

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Dr. Edwin Brandeis

Address, 201 N. 1st St. Balt.

Remarks, W. H. H. H.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113995

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Dec 4 '80*

3. Date of Birth, *Dec 4 '80*

4. Place of Birth, (Street and Number) *79 N. Paca*

5. Full Name of Mother, *Mary M. Muth*

6. Mother's Maiden Name, *Mary M. Fendral*

7. Mother's Birthplace, *Id*

8. Full Name of Father, *John P. Muth*

9. Father's Occupation, *Wholesale Druggist*

10. Father's Birthplace, *Id*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Mellor and  
87 N. Greene St.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

*Houck, Frederick Drupp*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Male*

*White*

*December 11, 1896*

*1124 C. St.*

*Charles M. Drupp*

*or Susan*

*City*

*Chas Drupp*

*Morocco (Finician)*

*City*

*Mr W. S. Drupp*

*1124 C. St.*



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

113997

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th  
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 4th 1880

4. Place of Birth, (Street and Number)

81 S. E. Ave. St.

5. Full Name of Mother,

Lucetta Leopnick

6. Mother's Maiden Name,

Cooper

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

Antonio Leopnick

9. Father's Occupation,

Ship-Broker

10. Father's Birthplace,

Austria

Name of Medical Attendant, or other Person who makes this Return.

Edw. and J. M. Driscoll

Address,

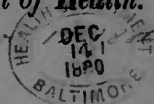
169 N. Calvert St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *30*

1. Sex (state whether male or female) *Girl*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 4 1880*

4. Place of Birth (Street and Number) *53 Black St*

5. Full Name of Mother *Elizabeth Evans*

6. Mother's Maiden Name *Elizabeth Aborn*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Taylor Evans*

9. Father's Occupation *Painter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louisa Smith*

Address *The child name Ann Virginia Evans*

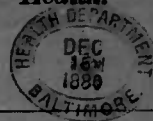
Remarks

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

11.3999

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth December 4<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) 11 W. Fayette Street.

5. Full Name of Mother Concha Rier.

6. Mother's Maiden Name Concha Rieger.

7. Mother's Birthplace Baltimore.

8. Full Name of Father John Rier.

9. Father's Occupation Trailer

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. H. H. H.

Address 182 East Monument Street.

Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

111000

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

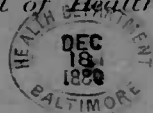


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) \_\_\_\_\_  
3. Date of Birth *4<sup>th</sup> Decr 1880*  
4. Place of Birth (Street and Number) *100 York st*  
5. Full Name of Mother *Maggie Divenny*  
6. Mother's Maiden Name *Faherty*  
7. Mother's Birthplace *Ireland*  
8. Full Name of Father *Gregory Divenny*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Ireland*  
Name of Medical Attendant, or other Person who makes this Return. *H. W. Webster*  
Address *57 Burnt st*  
Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup>

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 4<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

No 11 Lancaster St

5. Full Name of Mother,

Louisa Schriver

6. Mother's Maiden Name,

" Lisfert

7. Mother's Birthplace,

Germany

8. Full Name of Father,

M<sup>r</sup> Schriver

9. Father's Occupation,

Packer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

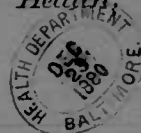
120 Barker St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5 Child

Male

White

Dec 23 1880

114 Lombard

Berrie Byrne

John Byrne

Calvert 4 years

John Byrne

Byrne

Calvert 4 years

Byrne

114 Lombard

Byrne

MS. C. 105

## BALTIMORE CITY.



4

Female

off bite

Jan 4 1881

21 Bgn doll at

Mary Green

Mary Collins

1394

James G. Green

Agnew

Baltimore  
Mrs. Anna

Mrs Anna Nash

Remarks

father, mother, guardian, next of kin, or other person in charge, who shall attend, assist or accompany the child, within the City of Baltimore, shall report to the registrar aforesaid, within six days after the birth of such child, distinctly the date of birth, sex, and color of the child or children born, (a) or their parents, (b) whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of each child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-4-004

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male  
White  
Dec 2 1880  
327 S. Charles St  
Annie Cooney  
Annie Higgins  
Guiana  
John Cooney  
Paperer  
England  
Theodore Cooney, M.D.  
146 Bannock St

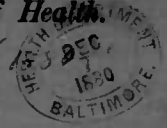


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

114005

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 5<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 156 Bank Street
5. Full Name of Mother Lizzie Nehr
6. Mother's Maiden Name Lizzie Schick
7. Mother's Birthplace Germany
8. Full Name of Father Charles Nehr
9. Father's Occupation Milk Dairy
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend
- Address 137 South Wolfe Street
- Remarks 11

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44006

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) and Child
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... Black
3. Date of Birth,..... 5th of December 1880
4. Place of Birth, (Street and Number) 86 North Durham street
5. Full Name of Mother, Ella, Holzer, Sturd.
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Single
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel
- Address, 76 North Chapel street per Festina Kunkel
- Remarks, Delivered

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

CIVIL NAME ADDED.

5/25/51

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sophie Rose MEREDITH



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth December 5<sup>th</sup> 1880

4. Place of Birth (Street and Number) 412 Eutaw Place

5. Full Name of Mother Sophie Gooding Meredith

6. Mother's Maiden Name Sophie Gooding Row

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles B. Meredith

9. Father's Occupation Lawyer

10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Jos. Lloyd Martin M.D.  
(38 Mt Vernon Place)

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Brown Skin* *Colored Child*
3. Date of Birth *December 5<sup>th</sup> 20 minutes past Nine o'clock*
4. Place of Birth (Street and Number) *No 4 Penn alley*
5. Full Name of Mother *Annie Thomas*
6. Mother's Maiden Name *Annie Davis*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Edward Thomas*
9. Father's Occupation *No Calist*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elvira Harris*
- Address *No 141 Paternoster Street.*
- Remarks *The Child is well*



# RETURN OF A BIRTH,

111009

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether male or female)

or Color, (if not of the white race)

of Birth

of Birth, (Street and Number)

Name of Mother

her's Maiden Name

her's Birthplace

Name of Father

her's Occupation

her's Birthplace

of Medical Attendant, or other Person who makes this Return.

ress

marks

Male

Colored

Dec. 5

17 Laborer

Eliza Brown

Eliza Brown

Howard County

Mr. Brown

Laborer

Howard Co.

Lettie Brown

72 Pine St.

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114610

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth, .....

Dec 5th 1880  
12188 William st  
Baltimore, Maryland

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

George Henry  
Laborer

9. Father's Occupation, .....

10. Father's Birthplace, .....

France

Name of Medical Attendant, or other Person who makes this Return.

J. Lohmeyer midwife  
330 Hanover St.

Address,

Remarks,

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female 3rd*
2. Race or Color, (if not of the white race) *Brown Skin*
3. Date of Birth, *December 5th 1880*
4. Place of Birth, (Street and Number) *No 5 Stockholding Street*
5. Full Name of Mother, *Henrietta Campbell*
6. Mother's Maiden Name, *Henrietta Abel*
7. Mother's Birthplace, *Easton Md*
8. Full Name of Father, *Robert Campbell*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Annapolis*

Name of Medical Attendant, or other Person who makes this Return.

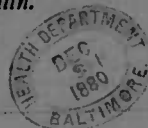
Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

2<sup>30</sup> A.M., Dec 5<sup>th</sup> 1880

4. Place of Birth (Street and Number)

51 W. Wolf Street

5. Full Name of Mother

Margaret Donaldson

6. Mother's Maiden Name

Barry

7. Mother's Birthplace

St. Johns New Brunswick

8. Full Name of Father

Augustine L. Donaldson

9. Father's Occupation

Boatman

10. Father's Birthplace

Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return.

Charles H. Thomas M.D.

Address

85 E. Baltimore St

Remarks

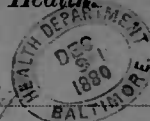


1000 Records of this Bureau in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child first born*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 5 1880*
4. Place of Birth (Street and Number) *1813 William Street Baltimore Md*
5. Full Name of Mother *Katie E. Landisford*
6. Mother's Maiden Name *Katie E. Landisford*
7. Mother's Birthplace *Dorchester Co Md*
8. Full Name of Father *Abraham J. Landisford*
9. Father's Occupation *Photographer*
10. Father's Birthplace *Kent Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Conway*
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 5, 1880
4. Place of Birth, (Street and Number) 62 Johnson St
5. Full Name of Mother Abbey C Kessel
6. Mother's Maiden Name Mary C Davis
7. Mother's Birthplace Baltimore
8. Full Name of Father James Kessel
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



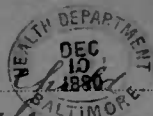
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 d child*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *December 5th*  
4. Place of Birth, (Street and Number) *101 Welcom alley*  
5. Full Name of Mother, *Louisea Jones*  
6. Mother's Maiden Name, *Louisea Pullen*  
7. Mother's Birthplace, *Senter vill md*  
8. Full Name of Father, *Theophil Jones*  
9. Father's Occupation, *labo*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return, *Mrs Lydia Porter*  
Address, *no 4 patpsco urinne*  
Remarks, *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

444016

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*  
1. Sex, (state whether male or female) *female*  
2. Race or Color, (if not of the white race) *colored*  
3. Date of Birth, *december 5th*  
4. Place of Birth, (Street and Number) *no 38 king st*  
5. Full Name of Mother, *eliza queen*  
6. Mother's Maiden Name, *eliza aleon*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *john queen*  
9. Father's Occupation, *labour*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *mrs Lydia Porter*  
Address, *no 4 path 100 avenue*  
Remarks, *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, and of advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female).... *female*
2. Race or Color, (if not of the white race).... *colored*
3. Date of Birth, ..... *dec 5*
4. Place of Birth, (Street and Number) *12 Brittan st*
5. Full Name of Mother, *Martine Anderson*
6. Mother's Maiden Name, *Martine White*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Samuel Anderson*
9. Father's Occupation, ..... *laborer*
10. Father's Birthplace, *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Lear Johnson*
- Address, *no. 18 - 2nd st*
- Remarks, *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. d.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Aug. 5 1880
4. Place of Birth, (Street and Number) Monument near Gist St.
5. Full Name of Mother Sophia Engel
6. Mother's Maiden Name Sophia Warzberger
7. Mother's Birthplace Der Germane
8. Full Name of Father Georg Engel
9. Father's Occupation Scholar
10. Father's Birthplace Germane
- Name of Medical Attendant, or other Person who makes this return. Mr. R. Rudiger
- Address 134 N. Bond St.
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 of December 1880

4. Place of Birth, (Street and Number) 42 South St

5. Full Name of Mother, Theresa Eubank

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Eubank

9. Father's Occupation, 1

10. Father's Birthplace, 1

Name of Medical Attendant, Mrs. Wiley

or other Person who  
makes this Return.

Address, 1111 North St

Remarks, Called on Doctor Eubank

Died with

Composure at the



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

114020

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth December 5th 1880  
4. Place of Birth, (Street and Number) No. 73 N. Gay St.  
5. Full Name of Mother Mrs. Mary E. Jones  
6. Mother's Maiden Name Port  
7. Mother's Birthplace Baltimore  
8. Full Name of Father Henry Jones  
9. Father's Occupation Cigar maker  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs. H. A. Port  
Address No 185 S. E. cor. Central av & Monument St  
Remarks All Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44021

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11<sup>th</sup>  
Fought  
White

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,

Dec 5<sup>th</sup> 80

4. Place of Birth, (Street and Number)

San Mather Carl  
Matilda Huchwald

5. Full Name of Mother,

6. Mother's Maiden Name,

Matilda Huchwald

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Huchwald

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. E. Wappler M.D.  
No 205 W Lombard St

Address,

Remarks,

44022

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

12/11

Mal  
White

Dec 5<sup>th</sup> 80

3000  
The Columbia River

Julius Schmidt

Julius Bernhardt

Bathurst City

Joseph Schneider

Shoemaker

New York

J. E. Wozubbe Jr &

No 205 W. Lombard St



That any Physician, accouchieur, midwife, or other person in charge, who shall attend, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44023

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *8 December*
4. Place of Birth, (Street and Number) *23 Cemetery Lane*
5. Full Name of Mother, *Sarah Baicker*
6. Mother's Maiden Name, *Supring*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *David Baicker*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return, *Josephine Horn*

Address, *20 Barnes St*

Remarks,

11-17-02-14

BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, or assist in the delivery of, any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parente, and the maiden name of the mother of such child or children.

- JOHN D. PIET, PRINTER & STATIONER, BALT.

That any Physician, Accoucher, Nurse, or other Person who shall report to the Registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44025

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 5th 1883

4. Place of Birth, (Street and Number)

No 895 N. Pratt

5. Full Name of Mother,

Emma Muller

6. Mother's Maiden Name,

Genoveva Schmitz

7. Mother's Birthplace,

Baden

8. Full Name of Father,

Ferdinand Muller

9. Father's Occupation,

Saloon

10. Father's Birthplace,

Wurzburg

Name of Medical Attendant, or other Person who makes this Return.

Miss A Lindner

Address,

No 45 S. M. ... St

Remarks,

That any Physician, accoucheur, midwife, or other person in Baltimore, who shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 5<sup>th</sup>

4. Place of Birth, (Street and Number)

German Str. No 229

5. Full Name of Mother,

Elise Caroline Fischer

6. Mother's Maiden Name,

Hilkenberg

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Hermann Fischer

9. Father's Occupation,

Cabinet-maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sebach No 434. W. Burt

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of H

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *First.*

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth,..... *Dec. 5. 1880*

4. Place of Birth, (Street and Number)..... *65 Whitcomb-*

5. Full Name of Mother,..... *Mrs. Albert Rosier*

6. Mother's Maiden Name,..... *Fannie Butler -*

7. Mother's Birthplace,..... *Balt. Md.*

8. Full Name of Father,..... *Albert Rosier*

9. Father's Occupation,..... *Marlinish -*

10. Father's Birthplace,..... *Balt Md*

Name of Medical Attendant, or other Person who makes this Return. *A. Shaker, M.D.*

Address,..... *# 525 Pennsylvania*

Remarks,..... *Oct 1*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 5 December 1880
4. Place of Birth (Street and Number) 27 N Poppleton
5. Full Name of Mother ~~Mary~~ Barnett.
6. Mother's Maiden Name Mary Fitzpatrick
7. Mother's Birthplace Ireland
8. Full Name of Father Wm H Barnett
9. Father's Occupation Rag-Merchant
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Thos Opi M D
- Address 587 Lexington St
- Remarks \_\_\_\_\_

Recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

44029

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Brown skin

3. Date of Birth 6 of Dec

4. Place of Birth (Street and Number) Baltimore Carlton St 1253

5. Full Name of Mother Mary Joseph

6. Mother's Maiden Name Annia Henderson

7. Mother's Birthplace West County Maryland

8. Full Name of Father Louis Smith

9. Father's Occupation Bricklayer

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Wiley Blake

Address 1253 Carlton St

Remarks

That any physician, accoucheur, midwife, or other person, who shall report to the registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>nd</sup>

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 6<sup>th</sup> 1880.

4. Place of Birth, (Street and Number)

Maternity, 161 W. Lombard St.

5. Full Name of Mother,

Mary Wilson

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Howard Co., Md.

8. Full Name of Father,

Unknown

9. Father's Occupation,

"

10. Father's Birthplace,

"

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.

Address,

Maternity Hospital

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex (state whether Male or Female)

*Female*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth:

*Dec. 6th 1880*

4. Place of Birth (Street and Number)

*3 S. Washington Street*

5. Full Name of Mother

*Catherine A. St. Auld*

6. Mother's Maiden Name

*" " " Clark*

7. Mother's Birthplace

*Baltimore*

8. Full Name of Father

*Benjamin F. Auld*

9. Father's Occupation

*Lieutenant of Police*

10. Father's Birthplace

*Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

*James C. St. Auld, M.D.*  
*68 S. Broadway*

Address

Remarks

*O*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 6 December

4. Place of Birth, (Street and Number) 119 E. Market place

5. Full Name of Mother Mary Liss

6. Mother's Maiden Name Wohrhard

7. Mother's Birthplace Baltimore

8. Full Name of Father William Conrad Liss

9. Father's Occupation Miner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 116 15 Granby St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Dec. 6<sup>th</sup> 1880  
4. Place of Birth, (Street and Number) Baltimore Scott St. No. 23  
5. Full Name of Mother Mary Harrison  
6. Mother's Maiden Name Yarnall  
7. Mother's Birthplace Fredricks  
8. Full Name of Father John W. Harrison  
9. Father's Occupation Shoe Maker  
10. Father's Birthplace Fredricks  
Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Whitely  
Address 100 E. Kennedy St.  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall receive notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex (state whether Male or Female)

male.

2. Race or Color (if not of the white race)

white

3. Date of Birth

Dec. 6th. 1880.

4. Place of Birth (Street and Number)

16. Carlton St.

5. Full Name of Mother

Senora Canton

6. Mother's Maiden Name

Senora. McGraw

7. Mother's Birthplace

Balto.

8. Full Name of Father

Michael Canton

9. Father's Occupation

Irishman Agent.

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

A. H. Jackson

Address

543 Lexington

Remarks





advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 6<sup>th</sup> 1880
4. Place of Birth, (Street and Number) No. 623 Hanover Street
5. Full Name of Mother, Martina Gordon
6. Mother's Maiden Name, McMurtin
7. Mother's Birthplace, Baltimore City and
8. Full Name of Father, John Bradley
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Durham Delaware
- Name of Medical Attendant, or other Person who makes this Return. D. Thinton
- Address, No. 666 South Charles Street
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) \_\_\_\_\_
  3. Date of Birth 10th December
  4. Place of Birth, (Street and Number) Woodier St 167
  5. Full Name of Mother Elizabeth Medical
  6. Mother's Maiden Name Plutimister
  7. Mother's Birthplace Germany
  8. Full Name of Father John T. Medal
  9. Father's Occupation Laborer
  10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this Return. Mid wife
- Address Brown St 171
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge of the birth, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Dec 6

4. Place of Birth, (Street and Number) 136 Stirling st

5. Full Name of Mother, Hester Banks

6. Mother's Maiden Name, Hester Griffin

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, John Banks

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Leora Johnson

Address, 210 N. Pratt st

Remarks, healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Dec 6

4. Place of Birth, (Street and Number) 126 North Caroline st

5. Full Name of Mother, Mary Thomas

6. Mother's Maiden Name, Mary Price

7. Mother's Birthplace, Virginia

8. Full Name of Father, Frederick Thomas

9. Father's Occupation, laborer

10. Father's Birthplace, St Mary Co Md

Name of Medical Attendant, or other Person who makes this Return, Mrs C. S. Johnson

Address, No 18 Chart St

Remarks, Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 6<sup>th</sup> 1880.
4. Place of Birth (Street and Number) 2050 N Stricker St.
5. Full Name of Mother Clara Virginia Kinde
6. Mother's Maiden Name Clara Virginia Brooke
7. Mother's Birthplace Baltimore Hanquinn Co Pa
8. Full Name of Father Samuel Sealbrooke Kinde
9. Father's Occupation Salesman
10. Father's Birthplace Georgetown D C
- Name of Medical Attendant, or other Person who makes this Return. Genl C. E. M D
- Address 229 Cary St Balh,
- Remarks

Let any Physician, accoucheur, midwife, or other Person who makes this Return, inform the Registrar of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 children*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *9 of December 1890*

4. Place of Birth, (Street and Number) *1109 N. St St*

5. Full Name of Mother, *Mary Flynn*

6. Mother's Maiden Name, *Mary Sullivan*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Barnett Flynn*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *Dr. J. A. Criswell*  
or other Person who makes this Return.

Address, *1125 N. St St*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 6th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 of December

4. Place of Birth, (Street and Number) North White St

5. Full Name of Mother, Elizabeth Beckler

6. Mother's Maiden Name, Elizabeth Kern

7. Mother's Birthplace, Ad

8. Full Name of Father, Conrad Kern

9. Father's Occupation, Salvador

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Salvador Beckler

Address, No 121 West 1st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,





That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

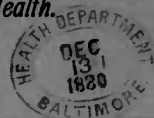


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 6 1880*
4. Place of Birth (Street and Number) *125 So. Castlet St*
5. Full Name of Mother *Agrie Eshell*
6. Mother's Maiden Name *M. Moran*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thomas Eshell*
9. Father's Occupation *Thresher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Miss E. Lloyd*
- Address *193 Chester St*
- Remarks *Birth*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *6 Decemba*
4. Place of Birth (Street and Number) *96 St peter st*
5. Full Name of Mother *mrs Ida B Montel*
6. Mother's Maiden Name *Ida B Howard*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George mentel*
9. Father's Occupation *Brickmaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *mrs mary kraing*
- Address *life Born*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8.6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 6, 1880

4. Place of Birth, (Street and Number)

S. Durham str No. 25

5. Full Name of Mother,

Joseph Breitenbach

6. Mother's Maiden Name,

Baranow

7. Mother's Birthplace,

Baranow

8. Full Name of Father,

Kaspar Breitenbach

9. Father's Occupation,

Trapper

10. Father's Birthplace,

Baranow

Name of Medical Attendant, or other Person who makes this Return.

May John Breitenbach

Address,

S. Half str No. 14

Remarks,

Wm. J. J. J.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Jan 6, 1891  
H. Wolf Str. No 70  
Mary Ann Darter  
German  
Peter Darter  
Blacksmith  
Prussian

Wm. Wm. Brumberg  
H. Wolf Str. No 70

Wm. Wm. Brumberg

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) Helen Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 6 1880
4. Place of Birth (Street and Number) W. Monument St
5. Full Name of Mother Henrietta E. Donovan
6. Mother's Maiden Name H. Jenkins
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles E. Donovan
9. Father's Occupation Physician
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return J. H. Milledy
- Address 3121 W. Monument St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111048

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 Dec 1880

4. Place of Birth, (Street and Number) 142 N. Liberty Street

5. Full Name of Mother, Maggie Rosenberg

6. Mother's Maiden Name, Weiser

7. Mother's Birthplace, Hamburg

8. Full Name of Father, Wilhelm Rosenberg

9. Father's Occupation, Knicker Knitting

10. Father's Birthplace, Hamburg

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Rose Ullig

Remarks, 48 Holland Street

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *6 of December*
4. Place of Birth, (Street and Number) *No 2 Parish alley*
5. Full Name of Mother, *Lindy green*
6. Mother's Maiden Name, *Lindy Watson*
7. Mother's Birthplace, *Spottsylvania Co Va*
8. Full Name of Father, *John Green*
9. Father's Occupation, *Hard Carrier*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Catharine Jones*
- Address, *No 3 narrow alley*
- Remarks,

and to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 6th 1880

4. Place of Birth, (Street and Number)

16348 Sharp st

5. Full Name of Mother,

Elise Bennor

6. Mother's Maiden Name,

Frank

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Frank Bennor

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser midwife  
330 Hanover st

Address,

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7<sup>th</sup>.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth Monday the 6<sup>th</sup>.
4. Place of Birth (Street and Number) 369 West street
5. Full Name of Mother Julia Johnson.
6. Mother's Maiden Name Julia H. King.
7. Mother's Birthplace Kent island.
8. Full Name of Father Julius Johnson
9. Father's Occupation Shoe man.
10. Father's Birthplace Kent island.
- Name of Medical Attendant, or other Person who makes this return Abigail Brook
- Address 210 South Wana street between cross and west street.
- Remarks Doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall receive, and in  
advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid,  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Dec. 6<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

422 Forrest St

5. Full Name of Mother,

Emma Brown

6. Mother's Maiden Name,

Emma Wilson

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Henry Brown

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Boston Mass

Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address,

45 Forrest St

Remarks,

That any physician, accoucheur, nurse, or other person, who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114053

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 6 1880

4. Place of Birth, (Street and Number)

108 Warner St

5. Full Name of Mother,

Addie Bailey

6. Mother's Maiden Name,

Addie Heber

7. Mother's Birthplace,

Maine

8. Full Name of Father,

John R Bailey

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who make this Return.

W B Noble M D

Address,

17 Stannan av

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race)... *Colored*
3. Date of Birth, ... *Febr 6. 1890*
4. Place of Birth, (Street and Number) ... *Baltimore*
5. Full Name of Mother, ... *Malenia gaber*
6. Mother's Maiden Name, ... *Malenia White*
7. Mother's Birthplace, ... *Vargania*
8. Full Name of Father, ... *Richard gaber*
9. Father's Occupation, ... *Porter*
10. Father's Birthplace, ... *Vargania*
- Name of Medical Attendant, or other Person who makes this Return, ... *Mariah Potter*
- Address, ... *No 82 Wilham ally Baltimore*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 6<sup>th</sup> 1880.
4. Place of Birth, (Street and Number) No. 11 Mc Mechan St.
5. Full Name of Mother Fannie Mass,
6. Mother's Maiden Name Kemper.
7. Mother's Birthplace Balto. City, Md.
8. Full Name of Father Aaron Mass,
9. Father's Occupation Merchant.
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Saml. Mc Knight M.D.
- Address 112 Greene St.
- Remarks \_\_\_\_\_

1. Let any physician, midwife, or other person who may be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 15. 1880

1. Sex, (state whether male or female)...

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 1880

4. Place of Birth, (Street and Number)...

196 N. Fremont St.

5. Full Name of Mother,

Mrs. Jas. Fox.

6. Mother's Maiden Name,

Mary Stein.

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Patrick Fox

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Thos. Hart, M.D.

Address,

#520 Penna. Av.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*white*

3. Date of Birth

*December the 6th 1880*

4. Place of Birth, (Street and Number)

*286 Myrtle Ave*

5. Full Name of Mother

*Pauline Marie*

6. Mother's Maiden Name

*Pauline Fenstermacher*

7. Mother's Birthplace

*Germany*

8. Full Name of Father

*William Marie*

9. Father's Occupation

*Editor*

10. Father's Birthplace

*Ireland*

Name of Medical Attendant, or other Person who makes this Return.

*Miss Annie Hylsinger*

Address

*345 Penn Ave*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5 Dec 1880  
96 N. Calhoun St  
Leticia P. Jones  
"Mrs Jones  
Mrs Jones  
My husband  
Mrs

Geo H. Cope MD  
1 Manley Terrace



# NOTICE

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, etc.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 16 Die 1890

4. Place of Birth (Street and Number)

191 W. Connelton Ave

5. Full Name of Mother

Lulu Selden

6. Mother's Maiden Name

"Dorsett

7. Mother's Birthplace

Ind

8. Full Name of Father

Aug A Selden

9. Father's Occupation

Clerk

10. Father's Birthplace

D.C.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

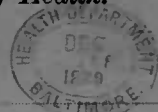
Geo H. Lapham M.D.  
1 Waverley Terrace

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *7th Dec. 1880*
4. Place of Birth (Street and Number) *8 Warren Ave.*
5. Full Name of Mother *Emma Rebecca Smith*
6. Mother's Maiden Name *Emma D. Loane*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Thos Emory Smith*
9. Father's Occupation *Physician*
10. Father's Birthplace *Bridge Georges Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Thos. E. Smith M.D.*
- Address *No 8 Warren Ave.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *December 7<sup>th</sup> 1880 9<sup>40</sup> A.M.*

4. Place of Birth (Street and Number) *214 N. Pratt St.*

5. Full Name of Mother *Alaouda Adams*

6. Mother's Maiden Name *Alaouda Casati*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *John C. Adams, Sr.*

9. Father's Occupation *Ship Maker*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address *271 E. Baltimore Street*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, &c.)

1. Sex (~~male~~ female Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 7<sup>th</sup> 1887

4. Place of Birth (Street and Number)

4 Second St

5. Full Name of Mother

Elizabeth Ellis

6. Mother's Maiden Name

" Rupert

7. Mother's Birthplace

Germany

8. Full Name of Father

Benjamin Ellis

9. Father's Occupation

Area & Ship Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. Lloyd Shaffer M.D.  
11 S. High St

Address

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44063

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 7<sup>th</sup> 1880
4. Place of Birth, (Street and Number) Randell Street No 35
5. Full Name of Mother, Annie Hardesty
6. Mother's Maiden Name, Annie Harwood
7. Mother's Birthplace, Prince George Co and
8. Full Name of Father, James Hardesty
9. Father's Occupation, Laborer
10. Father's Birthplace, Prince George Co and
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hinton
- Address, 416 6th South Charles Street
- Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, Maryland, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44064

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec 7th 1880*
4. Place of Birth, (Street and Number) *No 418 Light Street*
5. Full Name of Mother, *Ellen Knight*
6. Mother's Maiden Name, *Ellen Hogg*
7. Mother's Birthplace, *Baltimore city, md*
8. Full Name of Father, *Thomas Knight*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, *Elizabeth Weston*  
or other Person who makes this Return.
- Address, *118 666 North Charles Street*
- Remarks,

# RETURN OF A BIRTH.

144065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child  
State whether Male or Female Female  
or Color (if not of the white race) White  
of Birth 7th December  
of Birth (Street and Number) No 8 South Anny Street  
Name of Mother Margot Gaigley  
Maiden Name Margot Mayer  
Birthplace Red Bank, Delaware  
Name of Father John Henry Gaigley  
Occupation Butcher by trade  
Birthplace Borne in Baltimore City  
of Medical Attendant, or other Person who makes this Return. Mary Jane Ritchinson  
No 212 Tower Street  
Child and Mother doing Well.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Color*

3. Date of Birth *December 7, 1880*

4. Place of Birth (Street and Number) *place of Birth No 15 East Street*

5. Full Name of Mother *The full name Anna Green*

6. Mother's Maiden Name *The maiden name is Annian Sederberg*

7. Mother's Birthplace *Annandale County Md*

8. Full Name of Father *John Green*

9. Father's Occupation *Farmer*

10. Father's Birthplace *Father Birth place Prince George Co Md*

Name of Medical Attendant, or other Person who makes this Return.

Address *by Nancy Logg*

Remarks *No 28 Wm Fox Street*

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar, Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7 Dec 1880

4. Place of Birth, (Street and Number)

111 McClellan Court

5. Full Name of Mother,

Annie Lesser

6. Mother's Maiden Name,

Keoperson

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Mathew Lesser

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rose Wiley

Address,

48 Holland St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 7<sup>th</sup> 1880

4. Place of Birth (Street and Number)

292 Hollins St

5. Full Name of Mother

Isabelle Evans Pinkerton

6. Mother's Maiden Name

" " Condon

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Allen Garbus Pinkerton

9. Father's Occupation

Salesman

10. Father's Birthplace

Nelson Co Va

Name of Medical Attendant, or other Person who makes this Return.

W. H. H. H. H. H.

Address

1011 1/2 N. 1st St Baltimore

Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

Dec 7th 1880

232 Sharp St.

Augusta Meyer

Barkmeyer

Germany

William Meyer

Blackston

Germany

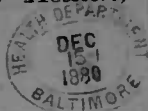
J. Schwaass midwife  
330 Hanover St.

That any Physician, accoucheur, midwife, or other person in receipt of notice from the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114070

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 7<sup>th</sup>
4. Place of Birth, (Street and Number) 530 Washington St. Baltimore
5. Full Name of Mother, Bertha Liestrich.
6. Mother's Maiden Name, Bertha Eickman.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Liestrich.
9. Father's Occupation, Collector.
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other Person who makes this Return. Mary H. H. H.
- Address, North E. H. H.
- Remarks,

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 7th

4. Place of Birth, (Street and Number)

244 S. ~~St. Louis~~ & Hanover St.

5. Full Name of Mother,

Catharine Limborg

6. Mother's Maiden Name,

" Wiegand

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Limburg

9. Father's Occupation,

Wagon driver

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address,

328 S. Euter St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

144072



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 10

1. Sex (state whether Male or Female)

~~Lucinda Dec 7th male~~

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Tuesday Dec 7th

4. Place of Birth (Street and Number)

46 S Durham St

5. Full Name of Mother

Mary Ellen Johnston

6. Mother's Maiden Name

Mary Ellen Cooper

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Thomas Johnson

9. Father's Occupation

Labor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Downey

Address

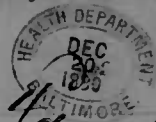
Remarks

Not any person, except the registrar, shall report to the registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44073

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female  
White  
Decem 7 1880  
113 Montgomery St  
Addie McNamara  
Addie Moon  
Mel  
Jas. J. McNamara  
Wood Dealer  
Mel  
A. B. Noble M.D.  
7 Harmon av



# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *Decr 7th 1880*  
4. Place of Birth (Street and Number) *No 1 N Hoffman St*  
5. Full Name of Mother *Mary Rockmiller*  
6. Mother's Maiden Name *Mary Erasmus*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *William P Rockmiller*  
9. Father's Occupation *Carrriage Smith*  
10. Father's Birthplace *Balto Md*  
Name of Medical Attendant, or other Person who makes this Return. *E Overloop M.D.*  
Address *289 W Fayette St*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

111075

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Dec 7 1880
4. Place of Birth, (Street and Number) No 11 Pratten Street
5. Full Name of Mother May Pringle
6. Mother's Maiden Name May Harris
7. Mother's Birthplace Waterloo N.Y.
8. Full Name of Father Henry Pringle
9. Father's Occupation Labourer
10. Father's Birthplace West Chester Pa
- Name of Medical Attendant, or other Person who makes this Return Dr. W. H. W. H.
- Address 70 The West Street
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

44076

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth the 7 Decem 1880
4. Place of Birth, (Street and Number) 110 8 1st St
5. Full Name of Mother Joseph Parker
6. Mother's Maiden Name Conrad
7. Mother's Birthplace Canada
8. Full Name of Father James W. W. W.
9. Father's Occupation Child druggist
10. Father's Birthplace W. M.
- Name of Medical Attendant, or other Person who makes this Return. Dr. W. W. W.
- Address 110 8 1st St
- Remarks No other child druggist W. M.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



241077

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*  
1. Sex (state whether Male or Female) *Male*  
2. Race or Color (if not of the white race) *Black*  
3. Date of Birth *Dec. 7<sup>th</sup> 1880*  
4. Place of Birth (Street and Number) *12 W. Kim St.*  
5. Full Name of Mother *Julia Jones*  
6. Mother's Maiden Name *Julia Jones*  
7. Mother's Birthplace *Lexington Va.*  
8. Full Name of Father *Illegitimate*  
9. Father's Occupation  
10. Father's Birthplace  
Name of Medical Attendant, or other Person who makes this Return. *Wm. R. Hunter M.D.*  
Address *36 Green Mt Ave*  
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 8<sup>th</sup> 1880

4. Place of Birth (Street and Number)

152 East St.

5. Full Name of Mother

Jennie Storch

6. Mother's Maiden Name

" Barth

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Geo J. Storch

9. Father's Occupation

Darning & Sewing Mill

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

DW C. Storch Md

Address

2 N Broadway

Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44079

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Dec 8
4. Place of Birth, (Street and Number) 85 Orleans St
5. Full Name of Mother, Herbert Clements
6. Mother's Maiden Name, Herbert Brown
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Walter Clements
9. Father's Occupation, Sales, Proprietor
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return Mrs. Leas Johnson
- Address, 118 Short St
- Remarks, Very delicate child

at any Dispensing, Apothecary, or other place, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114080

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 children*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5th December*
4. Place of Birth, (Street and Number) *W 211 W. 11th St. near*
5. Full Name of Mother, *Margaret Tucker*
6. Mother's Maiden Name, *Margaret Rimer*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *John Tucker*
9. Father's Occupation, *Lat. Tailor*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Salina Guisela*
- Address, *112 W. 11th St.*
- Remarks,



also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1111081

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of December 1890
4. Place of Birth, (Street and Number) 410 Thacker St
5. Full Name of Mother, Lillie Dougherty
6. Mother's Maiden Name, Lillie A. Banning
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Dougherty
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, William H. H. H.
- Address, 1111081
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar <sup>before</sup> within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114082

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2<sup>nd</sup>
1. Sex, (state whether male or female)..... Male.
2. Race or Color, (if not of the white race)..... White.
3. Date of Birth,..... Dec 8<sup>th</sup> 1880.
4. Place of Birth, (Street and Number)..... Maternity, 161 W. Lombard St.
5. Full Name of Mother,..... Laura Robinson.
6. Mother's Maiden Name,.....
7. Mother's Birthplace,..... Old Providence, Spanish Maine.
8. Full Name of Father,..... unknown.
9. Father's Occupation,..... "
10. Father's Birthplace,..... "
- Name of Medical Attendant, or other Person who makes this Return...... Spencer M. Free, M.D.
- Address,..... Maternity Hospital.
- Remarks,.....

advice at the birth of any child, within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44083

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 8<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *Maternity, 161 W. Lombard St*
5. Full Name of Mother, *Jessie Sutherland*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, *Spencer M. Free, M.D.*  
or other Person who makes this Return.
- Address, *Maternity Hospital*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44084

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 December
4. Place of Birth, (Street and Number) 60 E. Baltimore
5. Full Name of Mother, Ida Parker
6. Mother's Maiden Name, Pittsper
7. Mother's Birthplace, Balt Md
8. Full Name of Father, John Parker
9. Father's Occupation, Actor
10. Father's Birthplace, U S
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Casper
- Address, 52 E. Lombard
- Remarks,

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



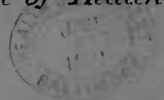
- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1<sup>st</sup>
1. Sex (state whether ~~male~~ or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) W
3. Date of Birth Dec 8. 1886
4. Place of Birth, (Street and Number) Jerusalem
5. Full Name of Mother Mary Cassard
6. Mother's Maiden Name Mary Bainbridge
7. Mother's Birthplace va
8. Full Name of Father Hammett Cassard
9. Father's Occupation Merchant
10. Father's Birthplace Bath
- Name of Medical Attendant, or other Person who makes this Return. Chas H Pullman M.D.
- Address 23 Franklin St
- Remarks \_\_\_\_\_

But any physician, surgeon, or other person, who, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44086

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third -*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 26/00*
4. Place of Birth, (Street and Number) *428 N Carey St*
5. Full Name of Mother, *Emma Y Leach*
6. Mother's Maiden Name, *" " Crumbaker*
7. Mother's Birthplace, *Baltimore - Md*
8. Full Name of Father, *Charles Leach*
9. Father's Occupation, *Photographer -*
10. Father's Birthplace, *Balto. - Md*
- Name of Medical Attendant, or other Person who makes this Return *W. H. Leach M.D.*
- Address, *117 E Fayette St Baltimore Md*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 8/80*
4. Place of Birth (Street and Number) *5 N. Mount St*
5. Full Name of Mother *Margaretta Farley*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace *Elliotts City, Md.*
8. Full Name of Father *John Farley*
9. Father's Occupation *Telegraph Line man*
10. Father's Birthplace *New York City*
- Name of Medical Attendant, or other Person who makes this Return. *W. R. Regan, M.D.*
- Address *W. R. Regan, M.D., Baltimore, Md.*
- Remarks

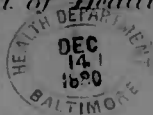
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

44088

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 2<sup>nd</sup> 1890*

4. Place of Birth, (Street and Number) *No 6 Morrissey Court-*

5. Full Name of Mother, *Mrs. Belos Smith*

6. Mother's Maiden Name, *Mary Belos*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Smith*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs Mary C Pinions*  
or other Person who makes this Return.

Address, *171 South Washington St-*

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

14089

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, December the 8, 1884

4. Place of Birth, (Street and Number) Essex St. No. 35

5. Full Name of Mother, Mary Harguard

6. Mother's Maiden Name, Mary Lyne

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Wilhelm Harguard

9. Father's Occupation, Tavern Keeper

10. Father's Birthplace, Borsdorf, Gr. Hesse, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Muller

Address, St. Dallas St. No. 26

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *six*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 9, 1929*
4. Place of Birth (Street and Number) *No 134 Chester St*
5. Full Name of Mother *Barbara E. Whitestone*
6. Mother's Maiden Name *Barbara E. Bankard*
7. Mother's Birthplace *~~Baltimore~~ Baltimore*
8. Full Name of Father *James Whitestone*
9. Father's Occupation *Shipcarpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Ann E. Ball*
- Address *No 171 South Chester St*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44091

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 8 - 1880

4. Place of Birth, (Street and Number)

Jefferson St. 2 doors W. of Chester St.

5. Full Name of Mother,

Kate Hessler

6. Mother's Maiden Name,

Kate Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Hessler

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. A. Murrell

Address, 226 N. Hennock St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the names of the mother of each child or children.

# RETURN OF A BIRTH,

440931

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 8<sup>th</sup> 1880.

4. Place of Birth, (Street and Number)

# 141 Franklin St.

5. Full Name of Mother

Mary E. Lynch.

6. Mother's Maiden Name

Mary E. Whitaker

7. Mother's Birthplace

Caroline county Va.

8. Full Name of Father

Jessie Lynch.

9. Father's Occupation

Laborer.

10. Father's Birthplace

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. H. H.

Address

# 181. East Monument St.

Remarks

Not any person, except the registrar, shall report to the registrar aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111093

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 8<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

N. J. Farrest St

5. Full Name of Mother,

Carinne Jones

6. Mother's Maiden Name,

Carinne Henyon

7. Mother's Birthplace,

Balto. Md

8. Full Name of Father,

Charles Jones

9. Father's Occupation,

Barber

10. Father's Birthplace,

Balto. Md

Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address,

N 5 Farrest St

Remarks,

# RETURN OF A BIRTH.

420911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

State whether Male or Female

Male

Color (if not of the white race)

White

Birth

Dec. 8. 1880

Place of Birth (Street and Number)

No. 64 Conway Street

Name of Mother

Rebecca Hyberg

Mother's Maiden Name

Lauer

Mother's Birthplace

Baltimore

Name of Father

E. L. Linnor & Hyberg

Father's Occupation

Clerk

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. F. Fiedemann M.D.  
68 N. E. Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

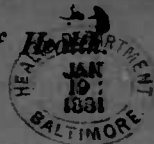


No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)
  2. Race or Color (if not of the white race)
  3. Date of Birth *December 8<sup>th</sup> 1880*
  4. Place of Birth (Street and Number) *392 E. Chasman*
  5. Full Name of Mother *Mary Ann Chandler*
  6. Mother's Maiden Name *" Bishop*
  7. Mother's Birthplace *Pennsylvania*
  8. Full Name of Father *Charles Jones Chandler*
  9. Father's Occupation *Laborer*
  10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. L. Russell M.D.*  
Address *12 W. Cor Broadway & Madison St.*  
Remarks

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 8<sup>th</sup>

4. Place of Birth, (Street and Number) St. Alphonsus grave yard

5. Full Name of Mother Francis Phoenix

6. Mother's Maiden Name Fisher

7. Mother's Birthplace Baltimore

8. Full Name of Father John Phoenix

9. Father's Occupation grave Digger

10. Father's Birthplace Frankendorf Bayern

Name of Medical Attendant, or other Person who makes this Return.

Address Miss Mauerer

Remarks 193 Bank

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114097

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 8, 1880

4. Place of Birth, (Street and Number)

~~XXXX~~ N. R. R. + Chase St.

5. Full Name of Mother,

Anne Meinhold

6. Mother's Maiden Name,

" Barger

7. Mother's Birthplace,

Pa

8. Full Name of Father,

John H. Meinhold

9. Father's Occupation,

Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

W. H. White, M.D.

Address,

347 N Broadway

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44098

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1<sup>st</sup>, 2<sup>d</sup>, 3<sup>d</sup>, &c.)

4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 8 1880

4. Place of Birth, (Street and Number)

583 May St

5. Full Name of Mother,

Snah Baugher

6. Mother's Maiden Name,

" Meas

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

John Baugher

9. Father's Occupation,

Miner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

W. White - M.D.

Address,

367 S. Broadway

Remarks,

# RETURN OF A BIRTH

44099

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. to 3. in 8*  
 1. Sex, (state whether male or female) *Mädchen*  
 2. Race or Color, (if not of the white race) *Weiss*  
 3. Date of Birth, *geboren den 9. December*  
 4. Place of Birth, (Street and Number) *Nr 277 E. Dallas Str*  
 5. Full Name of Mother, *Mary Heil*  
 6. Mother's Maiden Name, *Mary Ernst*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Peter Heil*  
 9. Father's Occupation, *Handarbeiter*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, *Friedrich Reckhausen*  
 Address, *Nr 197 E. Dallas Str*  
 Remarks, *Rome*

That any physician, accoucheur, midwife, or other person attending the birth of a child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114100

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 December
4. Place of Birth, (Street and Number) 150 N. High
5. Full Name of Mother, Minnie Fisher
6. Mother's Maiden Name, Pleason
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, John Fisher
9. Father's Occupation, Schnurmaker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Park Casper
- Address, 52 E. Lombard
- Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.  
Male

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who make this Return.

Address,

Remarks,

7th of December  
Cathedral St 298  
Ella Scher  
Pennsylvania  
Charles Scher  
Fireman  
Pennsylvania  
Charlotte Freely  
317 Cathedral St.

That any physician, accoucheur, midwife, or other person who makes this Return, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, of the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec 9th '80*
4. Place of Birth, (Street and Number) *461 N. Fremont St*
5. Full Name of Mother, *Annice M. Eaton*
6. Mother's Maiden Name, *Annice M. Morris*
7. Mother's Birthplace,  *Md*
8. Full Name of Father, *Andrew L. Eaton*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

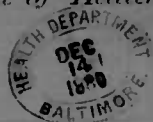
*J. Miller M.D.*  
*St. Agnes H.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111103

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 9<sup>th</sup> 1880
4. Place of Birth, (Street and Number) North Washington St
5. Full Name of Mother, Elizabeth C. Hartman Oyle
6. Mother's Maiden Name, Elizabeth C. Hartman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Oyle
9. Father's Occupation, Sign Painter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs Mary C. Dennis
- Address, 171 North Washington St
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex, (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 1st, 1880*

4. Place of Birth, (Street and Number) *Dallas St. No. 105*

5. Full Name of Mother, *Marigunda Garber*

6. Mother's Maiden Name, *Marigunda Worling*

7. Mother's Birthplace, *Barstede N. Baier Germany*

8. Full Name of Father, *Georg Garber*

9. Father's Occupation, *Cheese-maker*

10. Father's Birthplace, *Freudenberg N. Baier Germany*

Name of Medical Attendant, or other Person who signed this Return. *Larry E. Muller*

Address, *N. Dallas St. No. 26*

Remarks, \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 9<sup>th</sup> 1880
4. Place of Birth, (Street and Number) No 65. Barre Street Baltimore
5. Full Name of Mother, Sarah A. Weaver
6. Mother's Maiden Name, Sarah A. Clegham
7. Mother's Birthplace, Richmond County Va
8. Full Name of Father, Lawsen A. Weaver
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Westmoreland County Va
- Name of Medical Attendant, Dr. Green or other Person who makes this Return Sturges
- Address, No 42 Sharp Street Alley Baltimore
- Remarks, Ad

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth December 9<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) Palais Road.

5. Full Name of Mother Lizzie Hammer.

6. Mother's Maiden Name Lizzie Chinn.

7. Mother's Birthplace W. Va.

8. Full Name of Father Robert Hammer.

9. Father's Occupation Carpenter.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. H. H. H.

Address # 182. C. M. H. H. H. H.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other Person who makes this Return, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4th  
Female

White

December 9<sup>th</sup> 80

# 253 Pratt St.

Carolina Biemiller

" Preis

Baltimore

John Biemiller

Feet Dealer

Bavaria

Mary Kroll

328 S. Eutan St.

That any Physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111108

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth, .....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother, .....

6. Mother's Maiden Name, .....

7. Mother's Birthplace, .....

8. Full Name of Father, .....

9. Father's Occupation, .....

10. Father's Birthplace, .....

Name of Medical Attendant, or other Person who makes this Return.

Address, .....

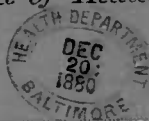
Remarks, .....

Female  
White  
Decem. 9. 1880  
257 William St  
Sallie Taylor  
Sallie Britchett  
City  
George Taylor  
Mechanic  
City  
J. B. Noble  
7 Hanover St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st December 1880*

4. Place of Birth, (Street and Number) *Baltimore*

5. Full Name of Mother, *Barbara*

6. Mother's Maiden Name, *Barbara*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Joseph*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, *May Kapriel*

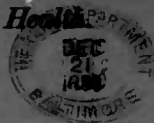
Address, *69 Washington St*

Remarks, *May Kapriel*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
 1. Sex (state whether male or female) Male  
 2. Race or Color, (if not of the white race) Col. Col.  
 3. Date of Birth 4 Dec 1880  
 4. Place of Birth, (Street and Number) No 158 Young Street  
 5. Full Name of Mother Mary Ellen Jones  
 6. Mother's Maiden Name Mary Ellen Jones  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father William Jones  
 9. Father's Occupation Doctor  
 10. Father's Birthplace Mary  
 Name of Medical Attendant, or other Person who makes this return Baltimore  
 Address Baltimore 70 Penn  
 Remarks Mother had child during visit

also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 9, 1880

4. Place of Birth, (Street and Number)

406

E. Lager St

5. Full Name of Mother,

Georgiana

Bridgson

6. Mother's Maiden Name,

"

Saylor

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Wm R Bridgson

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Balto.

J. P. White, M.D.

Name of Medical Attendant, or other Person who makes this return.

Address,

347 N Broadway

Remarks,



and any physician, midwife, nurse, or other person who may be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

441121

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 9, 1880 (Belle L. Masson

4. Place of Birth, (Street and Number) 438 E. Eager - Miller

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Pa  
Wm H Masson  
Custom House Broker

Bald City - J M White M.D.

347 N Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Dec 10<sup>th</sup> 1880

4. Place of Birth (Street and Number) 213 N. Eden St.

5. Full Name of Mother Lizzie Dean

6. Mother's Maiden Name " Dean

7. Mother's Birthplace Baltimore

8. Full Name of Father George Dean

9. Father's Occupation Worker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Oliver

Address

220 N. Eden St.

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child,*

Sex (state whether Male or Female) *girl*

Race or Color (if not of the white race) *white.*

Date of Birth *December 10 1880,*

Place of Birth (Street and Number) *Wood Bury,*

Full Name of Mother *Margaret Keen,*

Mother's Maiden Name *Margaret Amos,*

Mother's Birthplace *Woodsbury,*

Full Name of Father *Daniel Keen,*

Father's Occupation *working in foundry,*

Father's Birthplace *down South*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

*all alone*  
*at all Diana Campbell*  
*West St. No. 753, between Kanover*  
*& Charles St.*  
*even*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar ~~thereat~~, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111115

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) White boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10<sup>th</sup> December 1880
4. Place of Birth, (Street and Number) Baltimore Fayette St No 297
5. Full Name of Mother, Franc. Blair
6. Mother's Maiden Name, Brady Josephine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Josephine
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. May Hospital
- Address, 69 Manchester St
- Remarks, May Hospital

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 10 th 1880*

4. Place of Birth (Street and Number) *268 Walth St.*

5. Full Name of Mother *Mary J. Bushman*

6. Mother's Maiden Name *Norbeck*

7. Mother's Birthplace *Killbuck, Penna.*

8. Full Name of Father *J. H. Bushman*

9. Father's Occupation *Salesman*

10. Father's Birthplace *Killbuck, Penna.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Silas Baldwin*  
*102 Fourth St.*

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or  
as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the  
name of the mother of each child or children.

# RETURN OF A BIRTH, 111117

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 10 1880
4. Place of Birth, (Street and Number) Baltimore, Clifton St.
5. Full Name of Mother Mary Little
6. Mother's Maiden Name Reidy
7. Mother's Birthplace Baltimore
8. Full Name of Father John Little
9. Father's Occupation Physician
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. C. M. M. M.
- Address 1140 Broadway St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

4-11-18

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *twenty minutes 25th in clock*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *10*
4. Place of Birth (Street and Number) *South Bethel St Number 125*
5. Full Name of Mother *Heester Richerson*
6. Mother's Maiden Name *Heester Colerus*
7. Mother's Birthplace
8. Full Name of Father *Charley Richerson*
9. Father's Occupation *Sailing*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who make this Return. *Lizbetry mindowneng*
- Address *125*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 44119

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1st  
1. Sex, (state whether male or female) ..... Boy  
2. Race or Color, (if not of the white race) ..... White  
3. Date of Birth, ..... Friday, Dec 10th 1880  
4. Place of Birth, (Street and Number) ..... 216 Constitution St,  
5. Full Name of Mother, ..... Mary Cockley  
6. Mother's Maiden Name, ..... Leber  
7. Mother's Birthplace, ..... York Co. Pa  
8. Full Name of Father, ..... Jas. Wilbur Cockley  
9. Father's Occupation, ..... N. E. R. Road Employee  
10. Father's Birthplace, ..... Dauphin Co. Pa  
Name of Medical Attendant, or other Person who makes this Return ..... Wilmer Brinston M.D.  
Address, ..... 25 1/2 Greenmont Ave  
Remarks, 'Vulky Presentation'



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colored

3. Date of Birth Dec. 10 1880

4. Place of Birth (Street and Number) Baltimore Russell street

5. Full Name of Mother Laura Antney

6. Mother's Maiden Name Laura Brooks

7. Mother's Birthplace Louisville

8. Full Name of Father James Antney

9. Father's Occupation Engineer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this return Wm. H. Shaffer

Address 114 Ridgeley Street

Remarks

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

11-11-1880

10 of the colored race

DEC 16 1880

HEALTH DEPARTMENT  
BALTIMORE

Child

of Child of Mother, (state whether 1st, 2d, 3d, &c.) December 10 1880

Sex (state whether Male or Female)

Race or Color (if not of the white race) 10 of the colored race

Date of Birth

Place of Birth (Street and Number) 10 Hill street no - 137

Full Name of Mother Leysa Lee

Mother's Maiden Name Anne Arundel

Mother's Birthplace Washington County

Full Name of Father Draman

Father's Occupation Anne Arundel County

Father's Birthplace Catharine Riley

Name of Medical Attendant, or other Person who makes this Return. 44 Walker street

Address

Remarks

# **CORRECTION**

**The preceding document has been re-  
photographed to assure legibility and its  
image appears immediately hereafter.**

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



11-11-80  
of Child of Mother, (state whether 1st, 2d, 3d, &c.) *December 10 1880* *Male* *Child*  
Sex (state whether Male or Female) *of the colored race*  
Race or Color (if not of the white race) *10*  
Date of Birth *10 hill street no- 137*  
Place of Birth (Street and Number) *Sejour Lee*  
Full Name of Mother *Sejour Williams*  
Mother's Maiden Name *Anne Brundel County*  
Mother's Birthplace *Washington Lee*  
Full Name of Father *Draman*  
Father's Occupation *Anne Brundel County*  
Father's Birthplace *Catharine Riley*  
Name of Medical Attendant, or other Person who makes this Return. *44 Walker street*  
Address  
Remarks

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

44122

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 9<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 10<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 45 Anthony St.

5. Full Name of Mother Mary A. Stub

6. Mother's Maiden Name Mary A. Trappeser

7. Mother's Birthplace Germany

8. Full Name of Father Frank Adam Stub

9. Father's Occupation Milk Business

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Dr. J. H. Gilligan

Address 182 East Monument St.

Remarks

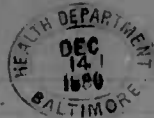


# RETURN OF A BIRTH

441211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 10<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 12 Pleasant ally

5. Full Name of Mother, Mary Fritz Schinger

6. Mother's Maiden Name, Mary Fritz

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo Schinger

9. Father's Occupation, Cooper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return. Mrs Mary C. Smith

Address, 171 South Washington street

Remarks,

But any Physician, accoucheur, midwife, or other person, who shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

214125

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth Dec. 11<sup>th</sup>
4. Place of Birth (Street and Number) 1013 Market st. between Chase and 11th
5. Full Name of Mother Elizabeth Ricketts
6. Mother's Maiden Name Elizabeth Tinsley
7. Mother's Birthplace England Lancashire
8. Full Name of Father Andrew Ricketts
9. Father's Occupation Wheelwright
10. Father's Birthplace Kingslow Russia Hapsburg
- Name of Medical Attendant, or other Person who makes this Return Sarah M. Lee
- Address 330 Squith street
- Remarks



That any physician, accoucheur, midwife, or other person who makes this return, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

Dec 10th 1880  
No 114 Lee st

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

Friedrica Schramm  
Canrad.

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

Amirica

8. Full Name of Father,.....

Louis Schramm  
Clerk.

9. Father's Occupation,.....

10. Father's Birthplace,.....

Germany

Name of Medical Attendant, or other Person who makes this Return,.....

J. Schoesser midwife  
330 Hanover st.

Address,.....

Remarks,.....

That any Physician, accoucheur, midwife, or other person in charge, with whom the mother is confined, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

Dec 10th 1880

4. Place of Birth, (Street and Number)...

No. 248 Hanover st

5. Full Name of Mother,...

Juliana Abraham

6. Mother's Maiden Name,...

Peter

7. Mother's Birthplace,...

Burganey

8. Full Name of Father,...

John Abraham

9. Father's Occupation,...

Baker

10. Father's Birthplace,...

Burganey

Name of Medical Attendant, or other Person who makes this Return.

J. Schwabert midwife  
330 Hanover st

Address,

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

11/1/98  
HEALTH DEPARTMENT  
NOV 25 1898  
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Nov. 10, 1880.
4. Place of Birth (Street and Number) 252 Park ave
5. Full Name of Mother Columbia Brooks
6. Mother's Maiden Name Youngling
7. Mother's Birthplace md.
8. Full Name of Father Joshua Brooks
9. Father's Occupation blacksmith
10. Father's Birthplace md
- Name of Medical Attendant, or other Person who makes this Return. G Lane Stanmyhill
- Address 129 H Biddle St
- Remarks Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first child  
 1. Sex (state whether male or female) female  
 2. Race or Color, (if not of the white race) white  
 3. Date of Birth December 10th 1880  
 4. Place of Birth, (Street and Number) 124 Lee St - Balt  
 5. Full Name of Mother Mary C. Gallen  
 6. Mother's Maiden Name Mary C. Richards  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Charles F. Gallen  
 9. Father's Occupation Starcheinst  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this return. Mary A. Richmond  
 Address 184 Lee St  
 Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

44130

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

57

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 10. 1880

4. Place of Birth, (Street and Number)

S. Chester st No. 93

5. Full Name of Mother,

Margaret Robinson

6. Mother's Maiden Name,

Went

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Spencer Robinson

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. B. Brown

Address,

S. Wolf st No. 14

Remarks,

Wm. J. B. Brown

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111131

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10 Dec. 1880*

4. Place of Birth, (Street and Number) *55 Chester*

5. Full Name of Mother, *Lora Thenehel*

6. Mother's Maiden Name, *Trany*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Fred Thenehel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

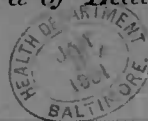
Remarks, *Mrs Rose Ulling*  
*48 E. Calver St*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11/11/92

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10 December*
4. Place of Birth, (Street and Number) *116 North St.*
5. Full Name of Mother, *Josephine Hirska*
6. Mother's Maiden Name, *" Pradik*
7. Mother's Birthplace, *Nehodiz Bohemia*
8. Full Name of Father, *Josef Hirska*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Pradiz Bohemia*
- Name of Medical Attendant, or other Person who makes this Return, *Josephine Honrad*
- Address, *20 Barnes St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

111133

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 1st 1880
4. Place of Birth, (Street and Number) 119 7th Gay Street
5. Full Name of Mother Henrietta E. Brown
6. Mother's Maiden Name Goldsmith
7. Mother's Birthplace Germany
8. Full Name of Father Julius Brown
9. Father's Occupation Merchant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Goldsmith
- Address 119 7th Gay Street
- Remarks \_\_\_\_\_



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 10 December
4. Place of Birth, (Street and Number) 184 E Lombard
5. Full Name of Mother, Lizzie Barrett
6. Mother's Maiden Name, Mc Loan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Lorenz Barrett
9. Father's Occupation, Barber
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs Para Casper
- Address, 52 E. Lombard
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *10<sup>th</sup> 15<sup>th</sup> P.M. 10th December, 1880.*

4. Place of Birth (Street and Number) *113 N. Schroder St Baltimore, Maryland*

5. Full Name of Mother *Margaret McPhail Dawson*

6. Mother's Maiden Name *Margaret McPhail*

7. Mother's Birthplace *Baltimore City, Maryland.*

8. Full Name of Father *Luther Carlton Dawson*

9. Father's Occupation *clerk in wholesale Drug House*

10. Father's Birthplace *Baltimore City, Maryland.*

Name of Medical Attendant, or other Person who makes this Return. *Wm L. Hirsch M.D.*

Address *236 N. Howard St*

Remarks

For Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

Dec 10th 1880

S. E. Cor. Poppleton & Franklin

Henrietta Glanville

Henrietta Kahn

Baltimore

Charles Glanville

Shoe Maker

Baltimore

A. H. Ashton, M.D.

543 Lexington St.

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth Decembr. 10 1880

4. Place of Birth, (Street and Number) 47 Penckel ave.

5. Full Name of Mother Rosale Gunder

6. Mother's Maiden Name Ros. Wikis

7. Mother's Birthplace Baltimore

8. Full Name of Father Adolf Gunder

9. Father's Occupation Karpet Sweeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Ruediger

Address 134 N. Bond St.

Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11/1/38

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 10<sup>th</sup> 1889

4. Place of Birth, (Street and Number)

76 Hill St

5. Full Name of Mother,

Ellen Crossins

6. Mother's Maiden Name,

Eliza Hunt

7. Mother's Birthplace,

Bethesda

8. Full Name of Father,

Henry Crossins

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Bethesda

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooke M.D.

Address,

146 Hanover St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 11, 1890

4. Place of Birth (Street and Number)

461 W. Payette St

5. Full Name of Mother

Ester Wiefson

6. Mother's Maiden Name

Ester Bernei

7. Mother's Birthplace

Germany

8. Full Name of Father

David Wiefson

9. Father's Occupation

Furniture Dealer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Abram N. Gruber M.D.

Address

Remarks

# **NOTICE**

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was received in the same  
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pleteness.**



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1141140

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) \_\_\_\_\_
2. Race or Color (if not of the white race) White
3. Date of Birth December 11th 1910
4. Place of Birth (Street and Number) 114 East Eager St
5. Full Name of Mother Maggie S. Suffer
6. Mother's Maiden Name Hastopp
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm J. Suffer
9. Father's Occupation Teacher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Wm J. Suffer
- Address 114 E
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Dec. 11<sup>th</sup> 1880.  
4. Place of Birth, (Street and Number) 32 N. Stricker St.  
5. Full Name of Mother Victorine J. Sipes  
6. Mother's Maiden Name Gordshell  
7. Mother's Birthplace Balto City Md.  
8. Full Name of Father John W. Sipes  
9. Father's Occupation Plasterer  
10. Father's Birthplace Balto City Md.  
Name of Medical Attendant, or other Person who makes this Return. J. P. Christian M.D.  
Address 431 Penna. Ave.  
Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Mädchen

2. Race or Color, (if not of the white race)

Weiss

3. Date of Birth,

geboren den 11 Dezember

4. Place of Birth, (Street and Number)

N<sup>o</sup> 156 Alexander Str

5. Full Name of Mother,

Johanne Hermann

6. Mother's Maiden Name,

Johanne Strode

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Hermann

9. Father's Occupation,

Copper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Frederick Kaufmann

Address,

N<sup>o</sup> 197 E. Dallas Str

Remarks,

Hemorrhage

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*  
1. Sex, (state whether male or female)..... *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *December 11.*  
4. Place of Birth, (Street and Number). *W. Pratt St. No. 342.*  
5. Full Name of Mother, *Mary Slater*  
6. Mother's Maiden Name, *Gris*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Edw. Slater*  
9. Father's Occupation, *Shoemaker*  
10. Father's Birthplace, *Baltimore*  
Name of Medical Attendant, or other Person who makes this Return. *Mr. Sebach No. 429 W. Pratt St.*  
Address,  
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, .....

4. Place of Birth, (Street and Number) .....

5. Full Name of Mother, .....

6. Mother's Maiden Name, .....

7. Mother's Birthplace, .....

8. Full Name of Father, .....

9. Father's Occupation, .....

10. Father's Birthplace, .....

Name of Medical Attendant, or other Person who makes this Return. ....

Address, .....

Remarks, .....

White  
Sept. 11<sup>th</sup> 1880  
172 Fulton and  
Ledy Campbell  
41 Schenck  
Baltimore  
Thos. Campbell  
Clerk  
Baltimore  
H. V. L. Spencer  
387 W. Lombard St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Decr 11th 1880*

4. Place of Birth (Street and Number) *No 617 Fayette St*

5. Full Name of Mother *Sarah Kessler*

6. Mother's Maiden Name *Sarah M. Comas*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Thomas V. Kessler*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *E. Goverley M.D.*

Address *289 W Fayette St*

Remarks

Read Instructions of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *eleventh Waters born 1857*
1. Sex (state whether Male or Female) *male* *Born in good state of health*
2. Race or Color (if not of the white race) *Colored race*
3. Date of Birth *born December 11 1880*
4. Place of Birth (Street and Number) *Wells 273*
5. Full Name of Mother *Elizabeth Waters*
6. Mother's Maiden Name
7. Mother's Birthplace *Chesapeake county md*
8. Full Name of Father *father we know not*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Mrs anne Heglin*
- Address
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

December 11<sup>th</sup> 1880

4. Place of Birth, (Street and Number) ...

119 Bank St

5. Full Name of Mother,

Rose Linder  
" Shoop

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

John H Linder  
Blacksmith

9. Father's Occupation, ...

10. Father's Birthplace, ...

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth B. B. -  
120 Bank St

Address,

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111118

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 3d
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... December 11<sup>th</sup> 1880
4. Place of Birth, (Street and Number)..... 183 Bellal St
5. Full Name of Mother,..... Pauline Gieng
6. Mother's Maiden Name,..... " Schmidt
7. Mother's Birthplace,..... City
8. Full Name of Father,..... Charles Gieng
9. Father's Occupation,..... Cooper
10. Father's Birthplace,..... City
- Name of Medical Attendant, or other Person who makes this Return,..... Mrs Elizabeth Betz
- Address,..... 120 Bank St
- Remarks,.....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

14414-9

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 11th 1880

4. Place of Birth, (Street and Number)

Nicolson st. Locust Point

5. Full Name of Mother,

Elizabeth Fenneman

6. Mother's Maiden Name,

" Osterdorf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Benhard Fenneman

9. Father's Occupation,

Sugar Manufacturer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz Germany

Address,

120 Banks st

Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the residence of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth Dec 1<sup>st</sup> 1880  
4. Place of Birth, (Street and Number) Baltimore street No. 52  
5. Full Name of Mother Mary Seaman  
6. Mother's Maiden Name Adams  
7. Mother's Birthplace Baltimore  
8. Full Name of Father John Seaman  
9. Father's Occupation Seaman  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Mrs. G. M. Whitehall  
Address No. 140 Ramsey  
Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114151

A circular library stamp from the Health Department, Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the date "DEC 17 1930" is stamped.

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- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 11/80*
4. Place of Birth (Street and Number) *95 N. Gay St*
5. Full Name of Mother *Louisa Becker*
6. Mother's Maiden Name *" Wagner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John L. Becker*
9. Father's Occupation *Box Manufacturer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Carroll L. Gay*
- Address *No 26 E. Lombard St Baltimore*
- Remarks *21*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Dec 11th 1888

4. Place of Birth (Street and Number) (57) 576 Arden St.

5. Full Name of Mother Fannie Macgibbon

6. Mother's Maiden Name Staylor

7. Mother's Birthplace Balt.

8. Full Name of Father William Macgibbon

9. Father's Occupation Painter

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. W. B. Billingsley

Address 256 E John St

Remarks

Records of Births and Deaths in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

411153

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday Dec 11th 1880

4. Place of Birth, (Street and Number) S.E. Cor 7th and Chas St

5. Full Name of Mother, Juliet Brown

6. Mother's Maiden Name, Juliet Hewell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Brown

9. Father's Occupation, Stonemason

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wilmer Smith M.D.

Address, 25 1/2 Government Ave

Remarks, Vortex Presentation

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup> child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11<sup>th</sup> December

4. Place of Birth, (Street and Number)

#164 East Pratt St

5. Full Name of Mother,

Elizabeth Conner

6. Mother's Maiden Name,

Elizabeth Cross

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Conner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss

Wiley

Address,

1012 Patterson Park

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Received 11<sup>th</sup> Dec. 1880.  
17<sup>th</sup> Street No. 1.  
Olivia C. Brown.  
Portsmouth Va.  
Thomas J. Brown.  
Merchant.  
Portsmouth Va.  
John J. Brown.  
City.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111156

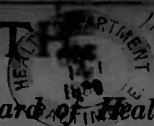
To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *Dec 11 1880*
4. Place of Birth, (Street and Number) *No 1 Jockey Road Md*
5. Full Name of Mother, *Maryetter Johns*
6. Mother's Maiden Name, *Maryetter Whittly*
7. Mother's Birthplace, *Alexandria Virginia*
8. Full Name of Father, *Milkin Johns*
9. Father's Occupation, *Wester Shucker*
10. Father's Birthplace, *Baltimore PMD*
- Name of Medical Attendant, or other Person who makes this return. *Lucinder Wolford*
- Address, *130 N Regester st*
- Remarks, *know Remarks*

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9<sup>th</sup>
1. Sex (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 11 December
4. Place of Birth, (Street and Number) 211 Ann Street
5. Full Name of Mother Marie Wagner
6. Mother's Maiden Name Siebert
7. Mother's Birthplace Baltimore
8. Full Name of Father Harb Siebert
9. Father's Occupation ---
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Maria Seifner
- Address Wolfe Street 245.
- Remarks ---

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) <sup>2</sup> 2
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Dec. 11, 1880
4. Place of Birth (Street and Number) 46 N. Stricker St extended.
5. Full Name of Mother Maggie Clarke
6. Mother's Maiden Name Marlin
7. Mother's Birthplace md.
8. Full Name of Father Jerome Clarke
9. Father's Occupation & M. Street conductor
10. Father's Birthplace md.
- Name of Medical Attendant, or other Person who makes this Return. Glenn Thompson
- Address 129 N. Hollister
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# 111 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
 1. Sex (state whether Male or Female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Dec. 11. 1880  
 4. Place of Birth (Street and Number) 792 W. Pratt St. Baltimore  
 5. Full Name of Mother Yiddiea German  
 6. Mother's Maiden Name Yiddiea Smith  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father John German  
 9. Father's Occupation Bricklayer  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs S. Preloger  
 Address 792 W. Pratt St.  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114160

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 11, 1890
4. Place of Birth, (Street and Number) 26
5. Full Name of Mother, Elizabeth Waldmann
6. Mother's Maiden Name, White
7. Mother's Birthplace, Balt.
8. Full Name of Father, Joseph Waldmann
9. Father's Occupation, Tailor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Wm. J. D. Brown  
26 W. 11th St. No 14.

Ind. up

That any Physician, accoucheur, midwife, or other person in calling upon a woman about to be delivered, or who has just delivered, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



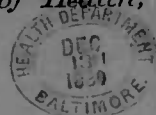
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11 Dec 1880*
4. Place of Birth, (Street and Number) *122 Jefferson St*
5. Full Name of Mother, *Mary Stickman*
6. Mother's Maiden Name, *Asher*
7. Mother's Birthplace, *Oldenburg*
8. Full Name of Father, *Frederick Stickman*
9. Father's Occupation, *Tanner*
10. Father's Birthplace, *Oldenburg*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Rose Elting*
- Address, *48 S. Calvert St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111162

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 11<sup>th</sup> 1880.*
4. Place of Birth, (Street and Number) *Maternity, 161 W. Lombard St.*
5. Full Name of Mother, *Lottie Smith*
6. Mother's Maiden Name, *Lottie Morrison*
7. Mother's Birthplace, *Frederick Co. Md.*
8. Full Name of Father, *John Smith*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Spencer M. Fice, M.D.*  
or other Person who makes this Return.
- Address, *Maternity Hospital*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number) —

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Report.

Address

Remarks

Male

White

Dec. 12<sup>th</sup> 1880

N. Canollin Ave.

Annie Aniaek

Annie Moulton

Baltimore

Edward Aniaek

Seaman

Baltimore

A. H. Jackson M.D.

543 Lexington St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth December 12. th. 1880

4. Place of Birth, (Street and Number) No. 228. Monument St.

5. Full Name of Mother Ella Baker.

6. Mother's Maiden Name Ella Ellidge.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Lido Baker.

9. Father's Occupation Coach Trimmer.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull.

Address No. 185. S.E. cor Central av. & Monument St.

Remarks All Well.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *12th of December*
4. Place of Birth, (Street and Number) *242 Broadway Ave*
5. Full Name of Mother, *Ellen Hook*
6. Mother's Maiden Name, *Pennington*
7. Mother's Birthplace, *Edward Hook*
8. Full Name of Father, *Victor*
9. Father's Occupation, *Pennington*
10. Father's Birthplace, *Charlotte Mecklenburg*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Mecklenburg*
- Address, *219 Calverdale St*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 12 1880

4. Place of Birth (Street and Number) 201 Hanover St

5. Full Name of Mother Elizabeth Dodge

6. Mother's Maiden Name E. Pramy

7. Mother's Birthplace Ind.

8. Full Name of Father A. W. Dodge

9. Father's Occupation Physician

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. J. W. Hiltner

Address 812 1st Monument St

Remarks Premature 7 mos.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Boy 12. 1890

S. Wolfst. No 36

Theresa Bettner

Schlesinger

Bull

Gottlieb Bettner

Schlesinger

Bull

Wm. J. Brown

S. Wolfst. No 14

Living

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

**To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2nd  
Male  
White  
Dec 12th  
405 Church St  
Mary Williams  
" Gacey  
City  
Daniel Williams  
Laborer  
City  
J. C. Smith M.D.  
1514 Baltimore St

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

Name, Edith Rowena Thane

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



44  
Female  
White  
Dec 12 1898  
1017 E. Pratt St  
Mary F. Thane  
Dorsey  
City  
Frank W. Thane  
Clerk  
City  
1017 Pratt St  
151 N. Avenue

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth December 12<sup>th</sup> 1890
4. Place of Birth, (Street and Number) 2516 Broadway
5. Full Name of Mother Martin Peakefield
6. Mother's Maiden Name Martin Peakefield
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Peakefield
9. Father's Occupation Shoemaker
10. Father's Birthplace Wilmington Delaware
- Name of Medical Attendant, or other Person who makes this Return. Margaret A. Richmond
- Address 1837 Lee St
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st  
Male  
White  
Dec 12 1880  
244 Montgomery  
Annie M. Bedford  
Annie M. March  
Baltimore Md  
Cornelius W. Bedford  
Farmer  
Virginia  
Theodore Cook M.D.  
146 N. Hanover

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*one child*

1. Sex, (state whether male or female)

*Female*

2. Race or Color, (if not of the white race)

*Colored Race*

3. Date of Birth,

*Dec 12<sup>th</sup> 1880*

4. Place of Birth, (Street and Number)

*61 Orlean St*

5. Full Name of Mother,

6. Mother's Maiden Name, *Francis Carroll*

7. Mother's Birthplace, *Summerset County*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

*Lucinder Woolford*

Address, *130 N Regester St*

Remarks, *At Remarks*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111173

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday 17th December 1880

4. Place of Birth, (Street and Number) 218. 16th Lexington & Pine streets

5. Full Name of Mother, Mrs. J. da May Thompson

6. Mother's Maiden Name, Thomas

7. Mother's Birthplace, Hagerstown Md.

8. Full Name of Father, Wm. slender Thompson

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth December 12<sup>th</sup> 1880

4. Place of Birth, (Street and Number) N<sup>o</sup> 46 Abby Alley

5. Full Name of Mother Mathilda Miller

6. Mother's Maiden Name Mathilda Miller

7. Mother's Birthplace Germany

8. Full Name of Father Wilhelm Miller

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Horner

Address N<sup>o</sup> 18 Bird St

Remarks \_\_\_\_\_



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5.2.*  
 1. Sex (state whether male or female) *Female*  
 2. Race or Color (if not of the white race)  
 3. Date of Birth *December 12*  
 4. Place of Birth (Street and Number) *101 Harrison Street*  
 5. Full Name of Mother *Mollie Rosenstein*  
 6. Mother's Maiden Name *Mollie Schwarz*  
 7. Mother's Birthplace *Chernobyl, U.S.S.R.*  
 8. Full Name of Father *Abel Rosenstein*  
 9. Father's Occupation *Merchant*  
 10. Father's Birthplace *Rhinea*  
 Name of Medical Attendant, or other Person who makes this Return. *Dr. R. B. Johnson*  
 Address *No. 26. St. Lawrence St. Baltimore*  
 Remarks

44176

HEALTH DEPARTMENT  
DEC 18 1890  
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 12<sup>th</sup> Dec 80
4. Place of Birth, (Street and Number) 44 South St
5. Full Name of Mother, Phoebe Fisher
6. Mother's Maiden Name, Phoebe Collins
7. Mother's Birthplace, Cambridge Mass
8. Full Name of Father, John Fisher
9. Father's Occupation, carpenter
10. Father's Birthplace, Barnstable

Name of Medical Attendant, or other Person who makes this Return. W. T. Mack

Address, 4015 Laramie Hwy.

Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup>*
1. Sex, (state whether male or female).. *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *No 288 Canton Ave*
4. Place of Birth, (Street and Number) *December 12<sup>th</sup> 1890*
5. Full Name of Mother, *Lizzie Davis*
6. Mother's Maiden Name, *Rehman*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Edward Davis*
9. Father's Occupation, *Brakeman*
10. Father's Birthplace, *City*
- Name of Medical Attendant, *Mrs Elizabeth Betz*  
or other Person who makes this Return.
- Address, *245 Canton Ave*  
*120 Bank*
- Remarks,



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucas
3. Date of Birth th 13 Decr 1888
4. Place of Birth, (Street and Number) No 23 1/2 St Sullivan
5. Full Name of Mother May E Sherrill
6. Mother's Maiden Name May E. Mother
7. Mother's Birthplace Baltimore
8. Full Name of Father Sam Sherrill
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. R. H. H. H.
- Address William J. H. H.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-11-79

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup> *Prin*  
 Sex, (state whether male or female) *Bu b*  
 Race or Color, (if not of the white race) *Weiss*  
 Date of Birth, *geboren den 12. Dezember*  
 Place of Birth, (Street and Number) *N. 4 Block Str.*  
 Full Name of Mother, *Mary Rock*  
 Mother's Maiden Name, *Mary Potis*  
 Mother's Birthplace, *Deutschland*  
 Full Name of Father, *Lehane Rock*  
 Father's Occupation, *Matthrose*  
 Father's Birthplace, *England*  
 Name of Medical Attendant, or other Person who makes this Return, *Friederike Haufmann*  
 Address, *N. 197 S. Dollars Str.*  
 Remarks, *Hemmel*

Records of Birth Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111180

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White  
Feb. 13/82  
183 Johnson St.  
Florence Bender  
Deer  
York & Co. mrs  
Louis Bender  
Conductor B. & O. C. R.  
Harpers Ferry Va  
R. L. Spicer mrs  
387 W. Lombard St.

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rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

11/1/81

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *Black*  
 3. Date of Birth *Dec 12th 1880*  
 4. Place of Birth (Street and Number) *No 143 North St*  
 5. Full Name of Mother *Harriet World*  
 6. Mother's Maiden Name *Harriet Johnson*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Emily Washington World*  
 9. Father's Occupation *None*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *Thos Lynch M.D.*  
 Address *17 South Broadway*  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111189

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second. 2<sup>d</sup>*

1. Sex, (state whether male or female).. *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 13<sup>th</sup> 1890*

4. Place of Birth, (Street and Number) *381 Eastern Avenue*

5. Full Name of Mother, *Maria Brenner Miller*

6. Mother's Maiden Name, *Maria Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Brenner*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs Mary C. Corning*  
or other Person who makes this Return.

Address, *171 S. Washington Street*

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

114183

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W

3. Date of Birth

Dec 19th 1880

4. Place of Birth (Street and Number)

90 Druid Hill Av

5. Full Name of Mother

Eva F. Cates

6. Mother's Maiden Name

Fairfax

7. Mother's Birthplace

Del

8. Full Name of Father

Saml R Cates

9. Father's Occupation

Dyer

10. Father's Birthplace

Md

Name of Medical Attendant, or other Person who makes this Return.

Dr R H Henslow

Address

201 W Biddle St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1141811

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1d*
1. Sex, (state whether male or female).... *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *December the 13. 1880*
4. Place of Birth, (Street and Number) *Balt Jordan alley No 13*
5. Full Name of Mother, *Sarah Williams*
6. Mother's Maiden Name, *Dryden*
7. Mother's Birthplace, *Baltimore city md*
8. Full Name of Father, *Depard Williams*
9. Father's Occupation, *Work on farm*
10. Father's Birthplace, *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A Dorsey*
- Address, *83 Oxford St*
- Remarks,

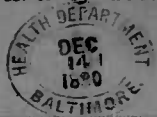


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11/21/85

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

1st  
Male  
White  
73 William St Dec 13<sup>d</sup> 1885  
73 William St  
Mary F. Melbourne  
Mary J. Meller  
Baltimore Md  
Chas. D. Melbourne  
Carpenter  
Baltimore Md  
Thermon Cook, M.D.  
146 Alameda St

Name of Medical Attendant, or other Person who makes this Return.  
Address,  
Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether ~~1st~~, 2d, &c.) \_\_\_\_\_  
 1. Sex (state whether Male or Female) Male.  
 2. Race or Color (if not of the white race) Black  
 3. Date of Birth December 19th 1880.  
 4. Place of Birth (Street and Number) No. 878. Parrish Alley.  
 5. Full Name of Mother Mary Jane Martin, (C).  
 6. Mother's Maiden Name Mary Jane Francis (C)  
 7. Mother's Birthplace Howard Co. Md.  
 8. Full Name of Father Thomas Martin, (C)  
 9. Father's Occupation Laborer.  
 10. Father's Birthplace Carroll Co. Md  
 Name of Medical Attendant, or other Person who makes this Return. John R. Leakey, M.D.  
 Address No. 296. Penna. Ave.  
 Remarks Presentation. Occiput. Child Healthy + Well.

11-11-1880

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 13-1880

4. Place of Birth, (Street and Number)

No 29 N. Half Street  
Virginia Bettier  
Virginia Reed  
Baltimore

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

George D. Bettier  
Laborer  
Maryland

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Henry A. Howell

Address, 286 N. Donagh St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six hours thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111158

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth the 13 of Decr
4. Place of Birth, (Street and Number) 1213 Block St
5. Full Name of Mother Maria Bodden
6. Mother's Maiden Name Maria Kelly
7. Mother's Birthplace Ireland
8. Full Name of Father Edward Kelly
9. Father's Occupation Saler
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Cecilia Towner
- Address 211158
- Remarks at 11:30

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114189

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child  
 1. Sex, (state whether male or female) Female  
 2. Race or Color, (if not of the white race) White  
 3. Date of Birth, 13 of December  
 4. Place of Birth, (Street and Number) 75 Gough St. 1880  
 5. Full Name of Mother, Mary Elizabeth Mathany  
 6. Mother's Maiden Name, Jayes  
 7. Mother's Birthplace, B. Summer, Sep. 6. 1840  
 8. Full Name of Father, James Mathany  
 9. Father's Occupation, Captain of a Brig  
 10. Father's Birthplace, Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Mrs. W. D. Patterson  
 Address, No 12 Patterson  
 Remarks, Born in

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7<sup>th</sup> Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) \_\_\_\_\_
3. Date of Birth *13<sup>th</sup> December 1880*
4. Place of Birth (Street and Number) *65 York st*
5. Full Name of Mother *Kate Hart*
6. Mother's Maiden Name *Cranfield*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Thos Hart*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *H W Webster MD*
- Address *57 Barnst*
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
Colored  
Dec 13 1880  
154 York St  
Annie White  
Annie Johnson  
Colbert County  
Knockaville  
Oyster shucker  
Colbert County  
Mary Ann Dorsey  
64 Bellows Lane  
Freda Clark

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH,

11/11/92

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 13, 1892
4. Place of Birth, (Street and Number) 54 South Calver Street
5. Full Name of Mother Mary Longblan
6. Mother's Maiden Name Mary Myer
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas L. Longblan
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153
- Address Collington Avenue
- Remarks \_\_\_\_\_

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

4 Children

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Light Brown Skin

3. Date of Birth

from December the 13

4. Place of Birth (Street and Number)

no 205 north Durham St

5. Full Name of Mother

Caroline Wilson

6. Mother's Maiden Name

Caroline Wilson

7. Mother's Birthplace

no 5 percent St Baltimore City

8. Full Name of Father

\_\_\_\_\_

9. Father's Occupation

\_\_\_\_\_

10. Father's Birthplace

\_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return.

midwife Mary Gordon

Address

no 205 north Durham St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female  
Colored  
31st DEC 1880  
Th. Wagon St  
Sarah Turner  
& Anderson  
Snow Hill Md.  
John Turner  
Cabinet  
Virginia  
Dr. H. H. Harker  
15 St. Duncan Alley

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*  
1. Sex (state whether Male or Female) *female*  
2. Race or Color (if not of the white race)  
3. Date of Birth *17<sup>th</sup> of december*  
4. Place of Birth (Street and Number) *481 Alice Anna St.*  
5. Full Name of Mother *Laura Adams*  
6. Mother's Maiden Name *Laura Webb*  
7. Mother's Birthplace *Baltimore*  
8. Full Name of Father *Thomas Adams*  
9. Father's Occupation *labor*  
10. Father's Birthplace *Anne Arundel County*  
Name of Medical Attendant, or other Person who makes this return *Mary L. Edwards*  
Address *51 E. Gay St. Baltimore*  
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111196

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



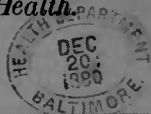
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *December 13<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *No 455 Fayette St*
5. Full Name of Mother, *Barbara G. Gluth*
6. Mother's Maiden Name, *" Klock*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Gluth*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address, *1201 Bank St*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth December 13 1901  
 4. Place of Birth (Street and Number) No 336 Alexandria St  
 5. Full Name of Mother Mary E. Rochester  
 6. Mother's Maiden Name Mary E. Morrow  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Alexandria Rochester  
 9. Father's Occupation Ship Carpenter  
 10. Father's Birthplace Baltimore  
 Name of Medical Attendant, or other Person who makes this Return. Ann E. Bull  
 Address No 171 South Chester St  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

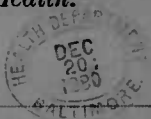
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

44198

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two*
- Sex (state whether male or female) *Male*
- Race or Color (if not of the white race) *White*
- Date of Birth *December 13 1891*
- Place of Birth (Street and Number) *No 15 Fountain St*
- Full Name of Mother *Sophia Geth*
- Mother's Maiden Name *Sophia Bush*
- Mother's Birthplace *Baltimore*
- Full Name of Father *Joseph Geth*
- Father's Occupation *Shaw Maker*
- Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Em Egnity Ball*
- Address *No 171 South Chester St*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

44199

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 13th
4. Place of Birth, (Street and Number) No 56 S. Caroline's St
5. Full Name of Mother Mrs. Natic Edwards
6. Mother's Maiden Name Goldborough
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Edwards
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Getzke
- Address No 56 S. Bond St
- Remarks \_\_\_\_\_



Record of the Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114200

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 13 December
4. Place of Birth, (Street and Number) 410 E. Lombard
5. Full Name of Mother, Lizzie Weinreich
6. Mother's Maiden Name, Müsse
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Weinreich
9. Father's Occupation, Schumacher
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Cooper
- Address, 52 E. Lombard
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1  
Male  
Caucasian  
December 13 1880  
133 Iceland street  
Mary Carter  
Mary Porter  
Baltimore  
Charles Carter  
Waiter  
Baltimore  
Mary Ann Dorsey  
64 Elbow Lane  
five dollars

# **NOTICE**

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was received in the same  
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**Every effort was made to  
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pleteness.**

Correct Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

11/13/02

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 13th

4. Place of Birth (Street and Number) 6 Bank Lane

5. Full Name of Mother Caroline Bruggemann

6. Mother's Maiden Name Caroline Bruggemann

7. Mother's Birthplace Baltimore

8. Full Name of Father Albert Bruggemann

9. Father's Occupation Merchant Tailor

10. Father's Birthplace Eisleben Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr. Solomon A. H. H. H.

Address 51. E. Calver St.

Remarks Baltimore

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>d</sup>  
 1. Sex (state whether male or female) male  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth December 13<sup>th</sup> 1880  
 4. Place of Birth (Street and Number) 303 South Charles St  
 5. Full Name of Mother Mary E. Jarvis  
 6. Mother's Maiden Name " Sykes  
 7. Mother's Birthplace Baltimore  
 8. Full Name of Father Francis Jarvis  
 9. Father's Occupation male  
 10. Father's Birthplace Md.  
 Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis  
 Address 162 Hanover St  
 Remarks.

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1112011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



*De Witt Clinton Kothe*

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 1<sup>st</sup> 1880.
4. Place of Birth, (Street and Number) # 196 East Monument St.
5. Full Name of Mother Ellen Jane ~~Kothe~~ Kothe
6. Mother's Maiden Name Ellen Jane Thurman
7. Mother's Birthplace Balt.
8. Full Name of Father Charles Alexanders ~~Kothe~~ Kothe
9. Father's Occupation Engineer
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Halligant
- Address # 188 E. Monument St.
- Remarks CERTIFICATE CORRECTED 3-22-82

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children; born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114205

health,

- H. F. Hill m D.  
Franklin's D.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

**To the Office of Registrar of Vital Statistics, Board of Health.**  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 14 - 1880

4. Place of Birth (Street and Number)

No. 10 Jackson St -

5. Full Name of Mother

Emma C. Gohler -

6. Mother's Maiden Name

Geibold

7. Mother's Birthplace

New-Berlin Pa -

8. Full Name of Father

John J. Gohler -

9. Father's Occupation

Sawyer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Wm. Reider M.D. -

Address

87 Mulberry St -

Remarks

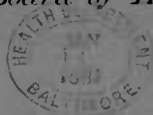


Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth 6<sup>th</sup>*

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 14<sup>th</sup>*

4. Place of Birth, (Street and Number) *108 Jackson Square Avenue*

5. Full Name of Mother, *Mrs. M. Miller Jiggs*

6. Mother's Maiden Name, *Margaret M. Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Nicolas Jiggs*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Mrs. Mary E. Dinning*  
or other Person who makes this Return.

Address, *171 South Washington Street*

Remarks,

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# **RETURN OF A BIRTH.**

**To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 14th 80*

4. Place of Birth (Street and Number) *159 Fairmount Avenue*

5. Full Name of Mother *Mary J. Hedrick*

6. Mother's Maiden Name *Taylor*

7. Mother's Birthplace *Philadelphia Pa.*

8. Full Name of Father *Wm. A. Hedrick*

9. Father's Occupation *Engineer*

10. Father's Birthplace *Holida*

Name of Medical Attendant, or other Person who makes this Return. *E. B. Britton M.D.*

Address *51 Broadway*

Remarks

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

56

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, *Dec 14. 1880.*
4. Place of Birth, (Street and Number) *Dunbar St. No. 122*
5. Full Name of Mother, *Anna Exburyhous*
6. Mother's Maiden Name, *Brown*
7. Mother's Birthplace, *Hannover Germany*
8. Full Name of Father, *Theodor Exburyhous*
9. Father's Occupation, *Seaman*
10. Father's Birthplace, *Hannover Ger.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. John Brown M.D.*
- Address, *2nd N. York St. No. 14*
- Remarks, *W. J. Brown*

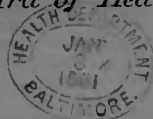
Extract Regulations of the Board of Health to secure a full and correct  
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# RETURN OF A BIRTH

1451270

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 14, 1880

4. Place of Birth, (Street and Number)

E. Monument St. No 475

5. Full Name of Mother,

Anna Hacker

6. Mother's Maiden Name,

Born

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

John Hacker

9. Father's Occupation,

Painter

10. Father's Birthplace,

Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. H. H. H. H.

Address,

1st St. No 14

Remarks,

11th St.

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec. 14<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *388 Williams Street*
5. Full Name of Mother, *Charlotte Jämmerich*
6. Mother's Maiden Name, *Potkenhane*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Augustus Jämmerich*
9. Father's Occupation, *Engineer.*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Marx Koch*
- Address, *321 South Eutaw St.*
- Remarks,

# **NOTICE**

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was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

Extract Regulations of the Board of Health to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup> child
1. Sex (state whether male or female) W
2. Race or Color, (if not of the white race) W
3. Date of Birth Dec 6 14 1880
4. Place of Birth, (Street and Number) No 127 E. Immensen Immensen St
5. Full Name of Mother Mary Brooks
6. Mother's Maiden Name Mary Murrell
7. Mother's Birthplace Washington
8. Full Name of Father Thos B Brooks
9. Father's Occupation Salesman
10. Father's Birthplace Ma
- Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D
- Address 23 E. ...
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111213

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First  
Female



1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,

Dec 14<sup>th</sup> 1880  
329 N. Bond St.  
Colla E. Street  
" " Heath

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

6. Mother's Maiden Name, .....

7. Mother's Birthplace, .....

Baltimore Ind  
Giles A. Powell  
Milk Dealer  
Baltimore Ind  
Regina A. Winter  
186 Stanford Ave

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



ENTIRE REQUIREMENTS OF THE BOARD OF HEALTH TO SECURE A JUST AND CORRECT  
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 1st 1880*
4. Place of Birth, (Street and Number) *Belair Ave. E. 4th Broadway & Biddle*
5. Full Name of Mother, *Eliz<sup>th</sup>. Augusta M<sup>rs</sup>. Glasse*
6. Mother's Maiden Name, *" " Hanson*
7. Mother's Birthplace, *Balto. Md.*
8. Full Name of Father, *Chas. F. M<sup>rs</sup>. Glasse*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Geo. H. Hartman M.D.*
- Address, *2305 W. Caroline St.*
- Remarks,

# **NOTICE**

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was received in the same  
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pleteness.**

Extract Regulations of the Board of Health to return to the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2th  
male  
Colored  
September 14 1880  
No. 101 St 301  
Mary Webster  
Annell Coster  
Mr. Todd  
Clerk of the Court  
Annell Coster  
John W. Durnham St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *5<sup>th</sup>*
1. Sex (state whether Male or Female) *Male*
  2. Race or Color (if not of the white race) *Colored*
  3. Date of Birth *Liberty St Baltimore*
  4. Place of Birth (Street and Number) *Dec 14<sup>th</sup> 1880*
  5. Full Name of Mother *Eliza Wright*
  6. Mother's Maiden Name *Eliza Francis*
  7. Mother's Birthplace *Baltimore*
  8. Full Name of Father *William Wright*
  9. Father's Occupation *Cyeter*
  10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

41, 217

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Well and healthy

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

colored child

3. Date of Birth,

December 14 1880

4. Place of Birth, (Street and Number)...

No 234 West St

5. Full Name of Mother,

Ellen Brackson

6. Mother's Maiden Name,

Ellen Spicer

7. Mother's Birthplace,

Tailors island

8. Full Name of Father,

George Brackson

9. Father's Occupation,

Shucking oysters

10. Father's Birthplace,

Der Chester County N. C.

Name of Medical Attendant,

or other Person who makes this Return.

no Medical

Address,

Nancy Logie No. 28 Wm. St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

411218

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>d</sup> Mail

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

14<sup>th</sup> Dec. 1897  
No. 1, S. Vinson  
Catherine O'mara  
Catharine  
Ireland  
Patric O'mara  
Labor  
Ireland  
Anne  
No 43 S. Monroel St



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44219

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Brown*

3. Date of Birth, *December 14th 1880*

4. Place of Birth, (Street and Number) *69 Davis St*

5. Full Name of Mother, *Kate Hill*

6. Mother's Maiden Name, *" Frazier*

7. Mother's Birthplace, *Easternshore Md*

8. Full Name of Father, *Richard Hill*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *46 Hamilton St.*

Remarks,

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar addressed, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111230

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

3. Date of Birth,

December 14th 1880

4. Place of Birth, (Street and Number)

No 300 Eastern Ave

5. Full Name of Mother,

Ida Willgrubs

6. Mother's Maiden Name,

Bremer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ulrich Willgrubs

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Bely

Address,

120 Bank St

Remarks,



# **NOTICE**

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Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth 1st day of December
4. Place of Birth, (Street and Number) No 46 Caroline St
5. Full Name of Mother Louisa Schneider
6. Mother's Maiden Name Muehlen
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Schneider
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address No 28 Franklin St
- Remarks \_\_\_\_\_

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth.

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

December 14<sup>th</sup> 1880.

283. Washington St.

Virginia Lake

Virginia Lake

Richmond, Va.

Abraham Lake

Richmond

Richmond, Va.

John J. R. M. M. M.

City.

# **NOTICE**

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 14<sup>th</sup> 1880*  
 4. Place of Birth (Street and Number) *No. 228 W. Fayette St*  
 5. Full Name of Mother *Mrs. Annette Goursley*  
 6. Mother's Maiden Name *Ashcom*  
 7. Mother's Birthplace *Green Anne's Co. Md.*  
 8. Full Name of Father *Thomas B. Goursley*  
 9. Father's Occupation *Printer*  
 10. Father's Birthplace *Pr. George's Co. Md.*  
 Name of Medical Attendant, or other Person who makes this Return. *Wm W. McQuinnay M.D.*  
 Address *308 W. Fayette St*  
 Remarks

Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White  
Dec 14/8 0  
170 Hollins St  
Emma Teasel  
" Stahl  
Baltimore Illinois  
Geo. W. Vaseel  
Coffee Roaster  
Duluth Minn  
D. L. Spgaard M.D.  
387 W. Lombard St

rect Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY. Dec 25



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8  
 1. Sex (state whether male or female) Girl  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth December 14 1880  
 4. Place of Birth (Street and Number) 146 Lagnal St  
 5. Full Name of Mother Barbary Sealander  
 6. Mother's Maiden Name Barbary Schwaner  
 7. Mother's Birthplace Baltimore Germany  
 8. Full Name of Father Charles Sealander  
 9. Father's Occupation Taylor  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. Mrs Lusia Smith  
 Address Child name Hannah Cristina  
 Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth Dec. 14<sup>th</sup>

4. Place of Birth (Street and Number) 63 S. Fremont St

5. Full Name of Mother Celestia Chance

6. Mother's Maiden Name Hallam

7. Mother's Birthplace Norfolk Va

8. Full Name of Father John Chance

9. Father's Occupation Porter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Croft

Address 27 S Poppleton

Remarks \_\_\_\_\_



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) \_\_\_\_\_

3. Date of Birth 10th of December

4. Place of Birth (Street and Number) Cake St. 97

5. Full Name of Mother Mary M. M.

6. Mother's Maiden Name J. S. S. S.

7. Mother's Birthplace Pennsylvania

8. Full Name of Father John M. M.

9. Father's Occupation Engineer

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. H. H.

Address St. Catharine St.

Remarks \_\_\_\_\_

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 13<sup>th</sup> 1880

4. Place of Birth (Street and Number) 205 Saratoga 12

5. Full Name of Mother Emma Smith

6. Mother's Maiden Name Emma Porter

7. Mother's Birthplace Baltimore

8. Full Name of Father H. P. Smith

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Hiltner

Address 1121 N. Howard St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11/13/39

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 15<sup>th</sup>, 1880

4. Place of Birth, (Street and Number)

246 South Sharp st.

5. Full Name of Mother,

Kate Pierson

6. Mother's Maiden Name,

Phillips

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Pierson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Kr - Mege - Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address,

328 South Sharp st.

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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# RETURN OF A BIRTH.

144230

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d.*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Gr.*

3. Date of Birth *Dec. 15th. 1880*

4. Place of Birth (Street and Number) *No 40 Carlton St*

5. Full Name of Mother *Adriana Smith*

6. Mother's Maiden Name *Decker*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Fredrick Smith*

9. Father's Occupation *Shoe Rep*

10. Father's Birthplace *Balt*

Name of Medical Attendant, or other Person who makes this Return. *Chas. W. Neff*

Address *200 N. Charles St*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1111237

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *December 15 1880*

4. Place of Birth, (Street and Number) *Emmer Woolford 130 Regester St*

5. Full Name of Mother, *Emmer Woolford*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, *Lucinda Woolford*

or other Person who makes this Return.

Address, *130 Regester St*

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111232

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 2-23-49

BALTIMORE CITY.

Name: Marie Eva Shannaman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female  
White  
Dec 15 1898  
12 de St  
Robert Shannaman  
Robert Alexander  
Baltimore Md  
Wm S Shannaman  
Clerk  
Baltimore Md  
Theodore Cook M.D.  
14 Kanawha St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111233

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male  
White  
Dec 15 1880  
213 Thaxt  
Barbara M. E. Lott  
Barbara M. E. Lott  
Washington  
St. A. Lott  
Shipping Clerk  
Baltimore  
Theodore Lott  
146 N. Main St

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

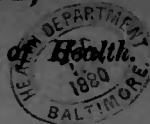


Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth December 15 1880
4. Place of Birth, (Street and Number) 383 Milan Street
5. Full Name of Mother Catherine A. Webster
6. Mother's Maiden Name Catherine A. Mitchell
7. Mother's Birthplace Sumner County
8. Full Name of Father John A. Webster
9. Father's Occupation Massiner
10. Father's Birthplace Sumner County
- Name of Medical Attendant, or other Person who makes this Return. May E. Mear 188
- Address Collingtree Avenue
- Remarks \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114235

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15 of December 1886*
4. Place of Birth, (Street and Number) *32 South Durham Street*
5. Full Name of Mother, *Kate Fogel*
6. Mother's Maiden Name, *Kate Nicht*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Nicht*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Christina Kunkel*
- Address, *11 North Chapel Street per Christina Kunkel*
- Remarks, *Healthy*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44236

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 15 Dec 1880

4. Place of Birth, (Street and Number) 717 N. Calver St

5. Full Name of Mother, Annie Anderson

6. Mother's Maiden Name, Snow

7. Mother's Birthplace, Full

8. Full Name of Father, Full

9. Father's Occupation, Full

10. Father's Birthplace, Full

Name of Medical Attendant, or other Person who makes this Return, Dr. Leat Hooper

Address, St. Duncan Alley

Remarks, Full

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44237

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 19 1890

4. Place of Birth, (Street and Number)

No 11 Ashton St

5. Full Name of Mother,

Anna Gunnifife

6. Mother's Maiden Name,

Anna Shepley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Shepley

9. Father's Occupation,

Labr

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Hazarenes

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111238

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

115



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup> child

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)....

White

3. Date of Birth,

Dec. 15<sup>th</sup>

4. Place of Birth, (Street and Number)

Bklyn. South of Calmar -

5. Full Name of Mother,

Sarah Nicholson

6. Mother's Maiden Name,

Morre

7. Mother's Birthplace,

Balto. Co. Md

8. Full Name of Father,

James Nicholson

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Balto. Co, Md

Name of Medical Attendant, or other Person who makes this Return.

C. H. Arms M.D

Address,

Co. Street & P. Union

Remarks,

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44239

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *December 15<sup>th</sup> 1886*
4. Place of Birth, (Street and Number) *402 Eastern Ave*
5. Full Name of Mother, *Mary Wilson*
6. Mother's Maiden Name, *" Johnson*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Charles Wilson*
9. Father's Occupation, *Agent*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Betz*
- Address, *120 Bank St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44-211-0

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race)
- Date of Birth, *December 15<sup>th</sup> 1880*
- Place of Birth, (Street and Number) *186 E Lombard st*
- Full Name of Mother, *Elizabeth Peters*
- Mother's Maiden Name, *Ebert*
- Mother's Birthplace, *City*
- Full Name of Father, *Isaac Peters*
- Father's Occupation, *Salvage*
- Father's Birthplace, *City*
- Name of Medical Attendant, *Miss Elizabeth Betz*  
(or other Person who makes this Return.)  
*120 Baiter st*
- Address,
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*  
 1. Sex (state whether Male or Female) *Male*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *December 15th 1880*  
 4. Place of Birth (Street and Number) *Baltimore Montgomery St. No. 207*  
 5. Full Name of Mother *Mary Knight*  
 6. Mother's Maiden Name *Mary J. Carter*  
 7. Mother's Birthplace *Baltimore*  
 8. Full Name of Father *Joseph Knight*  
 9. Father's Occupation *Machinist*  
 10. Father's Birthplace *Baltimore Md*  
 Name of Medical Attendant, or other Person who makes this Return. *Mrs. Elizabeth Scarborough*  
 Address *No. 220 Montgomery St*  
 Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *Colored*  
 3. Date of Birth *December 15th 1880*  
 4. Place of Birth (Street and Number) *Wicks St.*  
 5. Full Name of Mother *Maria Jenkins*  
 6. Mother's Maiden Name *Maria Watson*  
 7. Mother's Birthplace *Leesburg, Va.*  
 8. Full Name of Father *Henry Jenkins*  
 9. Father's Occupation *Wagoner*  
 10. Father's Birthplace *Easton M. D.*  
 Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Bias*  
 Address *Raborg St 57*  
 Remarks

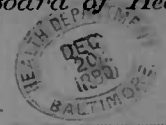
REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1112143

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 15 1888

4. Place of Birth, (Street and Number) Jews Alley No. 9-3

5. Full Name of Mother, Rebecca Jackson

6. Mother's Maiden Name, Rebecca Lilly

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Edward Jackson

9. Father's Occupation, Laborer

10. Father's Birthplace, Irland old Co. Ire

Name of Medical Attendant, or other Person who makes this Return, Dr. H. Harrington

Address, Jews Alley No. 2

Remarks, The Physical condition of the  
Infant seems Excellent it is well formed

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15 of December*
4. Place of Birth, (Street and Number) *No 26 South Mt. Vernon St*
5. Full Name of Mother, *Emma Maria*
6. Mother's Maiden Name, *Emma McCarty*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Patrick McGee*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, *Dr. John S. Gieseler*  
or other Person who makes this Return.
- Address, *No 118 S. Mt. Vernon St*
- Remarks,

# **NOTICE**

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condition and microfilmed  
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assure legibility and com-  
pleteness.**

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



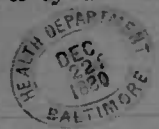
- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 15
4. Place of Birth, (Street and Number) 7 Hope Alley
5. Full Name of Mother Louisa Kaffenberger
6. Mother's Maiden Name Louisa Bleher
7. Mother's Birthplace Germany
8. Full Name of Father John Kaffenberger
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this return. Mrs. Wm. Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111246

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, December 15 1880  
4. Place of Birth, (Street and Number) 520 Harford av.  
5. Full Name of Mother, Emma Fleischman  
6. Mother's Maiden Name, H. Thomas  
7. Mother's Birthplace, Washington  
8. Full Name of Father, Jakob Fleischman  
9. Father's Occupation, butcher  
10. Father's Birthplace, German  
Name of Medical Attendant, or other Person who makes this Return, M. Re. Radtger  
Address, 134 N Bondstr.  
Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup> child*  
 1. Sex (state whether Male or Female) *Female*  
 2. Race or Color (if not of the white race) *colored*  
 3. Date of Birth *17<sup>th</sup> of december*  
 4. Place of Birth (Street and Number) *28 Booth street*  
 5. Full Name of Mother *Susan Jones*  
 6. Mother's Maiden Name *Susan Schrieber*  
 7. Mother's Birthplace *Calvert County*  
 8. Full Name of Father *Isaac Jones*  
 9. Father's Occupation *Cook and waiter*  
 10. Father's Birthplace *Hedrick*  
 Name of Medical Attendant, or other Person who makes this Return. *Mary Jane Richardson*  
 Address *124 Dover St*  
 Remarks *The child and mother is doing well*

That any Physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 15-1888

4. Place of Birth, (Street and Number)

No 69 W. Disputants St

5. Full Name of Mother,

Ida. Atwell

6. Mother's Maiden Name,

Ida. Anderson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jennett Atwell

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas A Atwell

Address, 266 Mc Donogh St

Remarks,



**Birth Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# **RETURN OF A BIRTH.**

**To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *Dec 15<sup>th</sup> 1880*

4. Place of Birth (Street and Number) *No 62. S. Fremont St*

5. Full Name of Mother *Mary Frederick Rice*

6. Mother's Maiden Name *Chance*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Wm. Clark Rice*

9. Father's Occupation *Baker*

10. Father's Birthplace *Lover Mt*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Croft*

Address *No 27 S. Poppleton St*

Remarks

# **NOTICE**

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*  
 1. Sex (state whether ~~Male~~ or Female) *Female*  
 2. Race or Color (if not of the white race) *White*  
 3. Date of Birth *Dec 15 1880*  
 4. Place of Birth (Street and Number) *No 44 Spring St*  
 5. Full Name of Mother *Martha E. Staylor*  
 6. Mother's Maiden Name *Martha E. Bunt*  
 7. Mother's Birthplace *Baltimore City*  
 8. Full Name of Father *Francis Staylor*  
 9. Father's Occupation *Butcher*  
 10. Father's Birthplace *Baltimore City*  
 Name of Medical Attendant, or other Person who makes this Return. *A. C. Watson*  
 Address *437 W. Central Ave.*  
 Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth Dec 15 / 80  
 4. Place of Birth (Street and Number) 239 Columbia Ave  
 5. Full Name of Mother Annie August  
 6. Mother's Maiden Name Dwyer  
 7. Mother's Birthplace Baltimore Ind  
 8. Full Name of Father John M. August  
 9. Father's Occupation Supervisor of Telephone  
 10. Father's Birthplace Baltimore Ind  
 Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.  
 Address 581 Lexington St.  
 Remarks \_\_\_\_\_

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>  
 1. Sex (state whether male or female) Female  
 2. Race or Color (if not of the white race) White  
 3. Date of Birth 15<sup>th</sup> Decr 1880  
 4. Place of Birth (Street and Number) 81 Poppleton St.  
 5. Full Name of Mother Maggie Barrett  
 6. Mother's Maiden Name Fahy  
 7. Mother's Birthplace Ireland  
 8. Full Name of Father Las Barrett  
 9. Father's Occupation Junck Dealer  
 10. Father's Birthplace Ireland  
 Name of Medical Attendant, or other Person who makes this Return. Thos O'pie M.D.  
 Address 587 Lexington St.  
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114253

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 15<sup>th</sup> 1880

4. Place of Birth, (Street and Number) 142 W. Calver St

5. Full Name of Mother, Mary Carr

6. Mother's Maiden Name,

7. Mother's Birthplace, Montgomery County Md

8. Full Name of Father,

9. Father's Occupation, Stephen, F Carr

10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other Person who makes this Return, Mary A. Dorsey

Address, 83 W. Calver St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

411251-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *16th Dec '80*

4. Place of Birth, (Street and Number) *133 Townsend St.*

5. Full Name of Mother, *Ada Steiner*

6. Mother's Maiden Name, *Ada Collen*

7. Mother's Birthplace, *MD*

8. Full Name of Father, *William H. Steiner*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *MD*

Name of Medical Attendant, or other person who makes this Return.

Address, *2 Miller MD*

Remarks, *Sq. Steiner*

# RETURN OF A BIRTH

141353

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*  
 Sex, (state whether male or female) *Female*  
 Race or Color, (if not of the white race) *Dec 16 '80*  
 Date of Birth, *163 Fremont (South)*  
 Place of Birth, (Street and Number) *Bertha Müller*  
 Full Name of Mother, *" Hartavick*  
 Mother's Maiden Name, *Baltimore*  
 Mother's Birthplace, *Fredk. Müller*  
 Full Name of Father, *Phoe-Meyer*  
 Father's Occupation, *Prussia*  
 Father's Birthplace, *Mary Koch*  
 Name of Medical Attendant, or other Person who makes this Return, *328 South East Ave*  
 Address,  
 Remarks,



Think any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup>.

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 16. 1880

4. Place of Birth, (Street and Number)

275-57. Washington St.

5. Full Name of Mother,

Alice Rebecca Sanders

6. Mother's Maiden Name,

" " French

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Jos. J. Sanders

9. Father's Occupation,

Insurance agent

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Geo. H. Hartman M.D.

Address,

305-76 Caroline St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st  
 1. Sex (state whether Male or Female) male  
 2. Race or Color (if not of the white race) white  
 3. Date of Birth Dec. 16th 1880  
 4. Place of Birth (Street and Number) 139 Hartford Ave  
 5. Full Name of Mother Lizzie Kasakates  
 6. Mother's Maiden Name Schuster  
 7. Mother's Birthplace Balto  
 8. Full Name of Father Albert Kasakates  
 9. Father's Occupation carpenter  
 10. Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslee  
 Address 256 E. John St  
 Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111258

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>  
Female  
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

December 16<sup>th</sup> 1880

4. Place of Birth (Street and Number)

Baltimore Light 218

5. Full Name of Mother

Jane Murry

6. Mother's Maiden Name

" Connehan

7. Mother's Birthplace

Ireland

8. Full Name of Father

James Murry

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

M<sup>rs</sup> Elizabeth Scarborough

Address

N<sup>o</sup> 220 Montgomerly " Bath.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

4-1-25-9

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 30.

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,

Dec. 16<sup>th</sup>

4. Place of Birth, (Street and Number)

Fulton St

5. Full Name of Mother,

Carrie Esau's

6. Mother's Maiden Name,

" Hoffman

7. Mother's Birthplace,

Hockessing Road

8. Full Name of Father,

William Esau

9. Father's Occupation,

Dutchman

10. Father's Birthplace,

Penn a New

Name of Medical Attendant, or other Person who makes this Return.

G. H. Jones M. D.

Address,

Cor. Strickland & P... ..

Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

111260

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

born on the 16 of Dec. 1880

4. Place of Birth, (Street and Number)

1065 West Balto. St.

5. Full Name of Mother

Mrs. Lipps

6. Mother's Maiden Name

Mrs.

Munbach

7. Mother's Birthplace

born in Switzerland Germany

8. Full Name of Father

Ch. Lipps

9. Father's Occupation

Soap Manufacturer

10. Father's Birthplace

born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Heller

Address

147 N. Pratt St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44261

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 of December 1880

4. Place of Birth, (Street and Number) No. 117 W. 3rd St

5. Full Name of Mother, Bright Garney

6. Mother's Maiden Name, Bright Glaty

7. Mother's Birthplace, Ireland

8. Full Name of Father, Richard Garney

9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Lauren Shustaker

Address, No. 117 W. 3rd St

Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



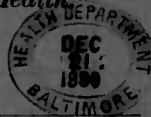
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 16
4. Place of Birth, (Street and Number) 32 Barrington St. Balto
5. Full Name of Mother Emma Snyder
6. Mother's Maiden Name Emma Key
7. Mother's Birthplace Baltimore
8. Full Name of Father John Snyder
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. John H. Hark
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

114263

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

16 Decr 1880

4. Place of Birth, (Street and Number)

No 780 Mount

West

5. Full Name of Mother

Fanny Thomas

6. Mother's Maiden Name

Fanny Wood

7. Mother's Birthplace

Chestertown

8. Full Name of Father

James Thomas

9. Father's Occupation

Doctor

10. Father's Birthplace

Chestertown

Name of Medical Attendant, or other Person who makes this return.

Porter W. M.

Address

70 Mount

Remarks

At the birth of this child, the mother was in the 11th month of pregnancy.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1112611

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female).....
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *December 2nd, 1880.*
  4. Place of Birth, (Street and Number) *E. Dallas St. No. 56.*
  5. Full Name of Mother, *Katharine H. Donnell*
  6. Mother's Maiden Name, *Katharine Horn*
  7. Mother's Birthplace, *Washon County, N. Y. Gr. Bridl, Europa*
  8. Full Name of Father, *John H. Donnell*
  9. Father's Occupation, *Laborer*
  10. Father's Birthplace, *Carolin County, N. Y. Gr. Bridl, Europa*
- Name of Medical Attendant, or other Person who makes this Return, *Harry E. Miller*
- Address, *N. Dallas St. No. 26*
- Remarks, .....

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44265

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 16, 1880

4. Place of Birth, (Street and Number)

Resident St. No. 47

5. Full Name of Mother,

Margdalene Stroh

6. Mother's Maiden Name,

Margdalene Müller

7. Mother's Birthplace,

Vesse, first, Waldeck, Germany

8. Full Name of Father,

George Stroh

9. Father's Occupation,

Painter

10. Father's Birthplace,

Lange, Gr. Meuse, Germany

Name of Medical Attendant, or other Person who makes this Return

Harry E. Müller

Address,

11, Dallas St. No. 11

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup> Child  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 16<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

212 29<sup>th</sup> Charles st  
Emilia Steup

5. Full Name of Mother,

6. Mother's Maiden Name,

Wiegner

7. Mother's Birthplace,

America

8. Full Name of Father,

Jacob Steup  
Laborer

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lohmeyer midwife  
330 Hanover st.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



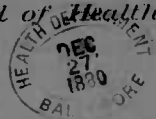
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 16 - 1880
4. Place of Birth, (Street and Number) 84 Cooke St. East P. B.
5. Full Name of Mother Margaret Stephens
6. Mother's Maiden Name Margaret Watkins
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Stephens
9. Father's Occupation Labourer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Maggie Etal
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

411268

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, December 16, 1880

4. Place of Birth, (Street and Number) No Winter

5. Full Name of Mother, Leardlen Jones

6. Mother's Maiden Name, Leardlen Cooper

7. Mother's Birthplace, Taylor's Island

8. Full Name of Father, J. M. Jones

9. Father's Occupation, Carpenter

10. Father's Birthplace, New Town Wisconsin

Name of Medical Attendant, or other Person who makes this Return, Nancy Tugley

Address, No 4 Winter Street

Remarks,

No Medication

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111269

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 16<sup>th</sup> 1880.

4. Place of Birth, (Street and Number)

Maternity, 1617 N. Lombard St.

5. Full Name of Mother,

Jellie Clark

6. Mother's Maiden Name,

Miss

7. Mother's Birthplace,

Unknown

8. Full Name of Father,

"

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free M.D.

Address,

Maternity Hospital.

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, nurse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

44270

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) German White
3. Date of Birth Dec 16<sup>th</sup> 1880
4. Place of Birth (Street and Number) 149 Hamburg Street
5. Full Name of Mother Lina Higel
6. Mother's Maiden Name Lina Steffen
7. Mother's Birthplace Germany
8. Full Name of Father John G. Higel
9. Father's Occupation Florist
10. Father's Birthplace Switzerland
- Name of Medical Attendant, or other Person who makes this Return. J. P. Wiley
- Address 158 Lombard Street
- Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

114271  
Third  
Male  
White  
Decem 16 4. 1888  
No. 425 W. McHenry St.  
Annal H. Leman  
Annie H. Annacker  
Baltimore City  
Wm. H. Leman  
Musician  
Philadelphia Penn  
Dr. J. Leman  
435 W. McHenry St.  
A nice baby.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Male  
White.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,

Decem 16 H. 1880

4. Place of Birth, (Street and Number)

344 N. McHenry St. Bal.

5. Full Name of Mother,

~~Ellen~~ Ellen Bosley  
Ellen Madden

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Wm Bosley  
Street Hardware

9. Father's Occupation,

10. Father's Birthplace,

Baltimore County.

Name of Medical Attendant, or other Person who makes this Return.

M. J. Lennon

Address,

1425 N. McHenry St

Remarks,

First Child

1901 JAN 3 1901

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111273

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 17. 1880
4. Place of Birth (Street and Number) 4 Wilson St.
5. Full Name of Mother Anna Prunty
6. Mother's Maiden Name " Wilbur
7. Mother's Birthplace Balt. City
8. Full Name of Father Charles Prunty
9. Father's Occupation Clerk.
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D.
- Address 68 McCall St.
- Remarks \_\_\_\_\_

For Record of First Birth in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4  
Male  
White  
Dec 17 1878  
Oak St  
Mary Smith  
Mary Horner  
Baltimore  
Rev. J. Smith  
Car Maker  
Hessan St  
Dr. H. H. H. H. H.  
721 H. H. H. H. H.

For Records of Births and Deaths in the City of Baltimore.

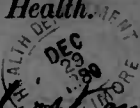
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

111275

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is the first one*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *Brown skin*
3. Date of Birth *December 17*
4. Place of Birth (Street and Number) *34 Pine St Baltimore, Md.*
5. Full Name of Mother *Virginia Regling*
6. Mother's Maiden Name
7. Mother's Birthplace *Shalotts ville. W. Va.*
8. Full Name of Father *William Regling*
9. Father's Occupation *Water*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Jane Gilbert*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

1st  
Female  
Colored

14th

Hopewell Lane 119

John Jones

Lina Jones

Baltimore

James Jones

Physician

11th St. N.E.

Lachar Jones  
11th St. N.E.

I, any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 17<sup>th</sup> 1880

4. Place of Birth, (Street and Number)

174 Harford Ave  
Sophia Ohlgart

5. Full Name of Mother,

6. Mother's Maiden Name,

Bitter  
Baltimore Md

7. Mother's Birthplace,

8. Full Name of Father,

Geo P Ohlgart  
Butcher

9. Father's Occupation,

10. Father's Birthplace,

Baltimore Md  
Regina A Winter

Name of Medical Attendant, or other Person who makes this Return.

Address,

186 Harford Ave

Remarks,





That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

111278

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

White

3. Date of Birth \_\_\_\_\_

Born on 17th of Dec. 1880

4. Place of Birth, (Street and Number) \_\_\_\_\_

935 W. Pratt St.

5. Full Name of Mother \_\_\_\_\_

Gertrude Rittershofer

6. Mother's Maiden Name \_\_\_\_\_

Albrecht

7. Mother's Birthplace \_\_\_\_\_

Baerle Germany

8. Full Name of Father \_\_\_\_\_

Ernst Rittershofer

9. Father's Occupation \_\_\_\_\_

Cooper

10. Father's Birthplace \_\_\_\_\_

Baerle Germany

Name of Medical Attendant, or other Person who makes this Return.

Miss Miller

Address \_\_\_\_\_

1017 W. Pratt St.

Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white
3. Date of Birth december 17 1880
4. Place of Birth (Street and Number) 1149 Bethel st
5. Full Name of Mother Theresa Schizes
6. Mother's Maiden Name Theresa Stagnall
7. Mother's Birthplace Baltimore city
8. Full Name of Father John Schizes
9. Father's Occupation car maker
10. Father's Birthplace germany
- Name of Medical Attendant, or other Person who makes this Return. Rachel Ann Garrison
- Address 66 Burke st
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec. 17 1880*

4. Place of Birth (Street and Number) *Pratt & Bethel*

5. Full Name of Mother *Hannah Work*

6. Mother's Maiden Name *Shreeves*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Wm. G. Work*

9. Father's Occupation *Carriage Driver*

10. Father's Birthplace *Balto. Co.*

Name of Medical Attendant, or other Person who makes this Return *A. E. Stein, M.D.*

Address *195 N. E. Ave. No.*

Remarks

That every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114281

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First

Male

White

December 17<sup>th</sup> 1890

1233 Main Street

Mary Alice Brown

Mary Alice Haley

Maryland

Charles Brown

Mariner

Germany

Dr. C. J. Manning

1233 Main Street

(City)

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

*Ella Marie Henahan*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, GIVEN NAME ADDED. 6-12-53

Remarks,

*Seventeen*  
*Female*  
*White*  
*December 17<sup>th</sup> 1880*  
*1490 Henmarle Street*  
*Mary Ann Henahan*  
*Mary Ann Brown*  
*Ireland*  
*Peter J. Henahan*  
*Carpenter*  
*Ireland*  
*Dr. Clara M. Manning*  
*1490 Henmarle Street*  
*Baltimore*

any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 17
4. Place of Birth, (Street and Number) 231 Wellman St
5. Full Name of Mother Adeline Phillips
6. Mother's Maiden Name Adeline Johnson
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank W Phillips
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth December 17th 1886

4. Place of Birth, (Street and Number) No 33 N. Parkham St.

5. Full Name of Mother Mary Helphoe

6. Mother's Maiden Name Mary Krick

7. Mother's Birthplace Germany

8. Full Name of Father Georg Helphoe

9. Father's Occupation Clerk

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. ...

Address No 137 S. Wolfe Street

Remarks H

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114285

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

17 December

4. Place of Birth, (Street and Number)

57 Stiel St

5. Full Name of Mother,

Corri Kamp

6. Mother's Maiden Name,

Woci

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Georg Kamp

9. Father's Occupation,

Salon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarda Casper

Address,

52 E Lombard

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-11-2-86

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*

1. Sex, (state whether male or female).....
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *December 18, 1880*
  4. Place of Birth, (Street and Number) *Lewis St. N<sup>o</sup> 45.*
  5. Full Name of Mother, *Katharine Krüger*
  6. Mother's Maiden Name, *Katharine Kraemer*
  7. Mother's Birthplace, *Veitshheim in Prussia Germany*
  8. Full Name of Father, *Lorenz Krüger*
  9. Father's Occupation, *Musican*
  10. Father's Birthplace, *Vöcklabruck in Prussia Germany*
- Name of Medical Attendant, or other Person who makes this Return *Harry E. Müller*  
Address, *11 Dallas St. N<sup>o</sup> 26.*  
Remarks, .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114.287

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female)..

Male

2. Race or Color, (if not of the white race)

Mulatto

3. Date of Birth,

Dec. 17<sup>th</sup>

4. Place of Birth, (Street and Number)

Old Liberty Road.

5. Full Name of Mother,

Allice Mason

6. Mother's Maiden Name,

" Beards

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Emanuel Mason

9. Father's Occupation,

Labrer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

G. H. Jones M.D.

Address,

Cor. Strickland & Presetman

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 17 - 1880  
No 298 Sharp St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Schmidt  
Hart

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
Harry Schmidt  
Painter

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwassor midwife  
330 Hanover St.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

17<sup>th</sup>

4. Place of Birth (Street and Number)

250 Calhoun St

5. Full Name of Mother

Mary Richter

6. Mother's Maiden Name

Buck

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Christian Richter

9. Father's Occupation

Builder

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

M. E. Hanger M.D.

Address

Street N. ...

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d child*
1. Sex (state whether male or female) *bel. female*
2. Race or Color (if not of the white race)
3. Date of Birth *17. of Dec*
4. Place of Birth (Street and Number) *106 Linden hall*
5. Full Name of Mother *Meadon Glane*
6. Mother's Maiden Name *"*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Ed Glane dead*
9. Father's Occupation *"*
10. Father's Birthplace *Accomack Co Va*
- Name of Medical Attendant, or other Person who makes this Return. *Henry Stevens*
- Address *52 Linden hall St*
- Remarks

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4  
Male.  
December 17<sup>th</sup>  
No. 1 Monroe St.  
Emma, Md.  
Franklin  
Baltimore  
Robert  
Merchant  
Richmond Va.  
A. S. [unclear]  
No 45 - Monroe St

That any Physician, accoucheur, midwife, or other person in charge, who shall inform, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

101 Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,

4. Place of Birth, (Street and Number)....

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White  
Dec 17th 1880  
No 301 Park Ave  
Mary Julia Joynes  
Hannilton  
Baltimore  
Jelly Wm A. S. Joynes  
Rye  
Virginia

Wm Whitridge

That any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Jan 18. 1880

S. Rogers str No 98

Mary Jacobs

Astoria, Ore

Balt.

Fredrick Jacobs

Iron worker

Balt.

Wm J. H. Brashers

S. W. str No 14

Wm Jacobs



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

1142911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

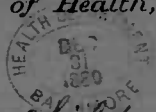


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This is the 6th*
1. Sex (state whether male or female) *female one child*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Born on Saturday Dec 18<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *Baltimore city, No 9 Trache street*
5. Full Name of Mother *Hester Elizabeth Owing*
6. Mother's Maiden Name *Hester Tarter*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *James Henry Owings*
9. Father's Occupation *Porter*
10. Father's Birthplace *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Jane Gilbert mid wife*
- Address
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 44295

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5th child  
1. Sex, (state whether male or female)..... female  
2. Race or Color, (if not of the white race)..... colored  
3. Date of Birth,..... december 18th  
4. Place of Birth, (Street and Number)..... 105 russle St  
5. Full Name of Mother,..... annie pulley  
6. Mother's Maiden Name,..... annie pennney  
7. Mother's Birthplace,..... saint mikesles md  
8. Full Name of Father,..... charles pulley  
9. Father's Occupation,..... laborer  
10. Father's Birthplace,..... anne runnel con m  
Name of Medical Attendant, or other Person who makes this Return..... mrs Lydia Porter  
Address,..... no 4 petpsco avenue  
Remarks,..... healthy child

# RETURN OF A BIRTH

114296

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race)  
 3. Date of Birth, *Dec 18<sup>th</sup> 1880*  
 4. Place of Birth, (Street and Number) *130 Leadenhall St.*  
 5. Full Name of Mother, *Lizzie Siebold*  
 6. Mother's Maiden Name, *Agar.*  
 7. Mother's Birthplace, *Baltimore*  
 8. Full Name of Father, *Henry Siebold*  
 9. Father's Occupation, *Cigar Maker*  
 10. Father's Birthplace, *Balto.*  
 Name of Medical Attendant, or other Person who makes this Return, *Mary Cook*  
 Address, *321 South Enderfer*  
 Remarks, *"*

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male ~~Female~~)
2. Race or Color (if not of the white race) white
3. Date of Birth Dec 18-1880
4. Place of Birth (Street and Number) Malden St
5. Full Name of Mother Rebecca Dwyer
6. Mother's Maiden Name R. Gunneimer
7. Mother's Birthplace City
8. Full Name of Father Wm. J. Dwyer
9. Father's Occupation Painter
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. L. W. W. W.
- Address 256 N. E. Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-11-98

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12-9-1898

4. Place of Birth, (Street and Number) 1257 Hambleton St

5. Full Name of Mother, Kate Heggenhoff

6. Mother's Maiden Name, Kate Heiser

7. Mother's Birthplace, Hambleton

8. Full Name of Father, C. Carl Heggenhoff

9. Father's Occupation, cigar maker

10. Father's Birthplace, Hambleton

Name of Medical Attendant, or other Person who makes this Return, J. M. Gieseler

Address, 10128 West

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Charles Edward Riordan



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Twins, 1st Born is Female, Last Born is Male*

2. Race or Color (if not of the white race)

*White*

3. Date of Birth

*December 18th 1880.*

4. Place of Birth (Street and Number)

*274 W Biddle St.*

5. Full Name of Mother

*Ann M Riordan.*

6. Mother's Maiden Name

*" " Streck.*

7. Mother's Birthplace

*Baltimore Md.*

8. Full Name of Father

*John J Riordan*

9. Father's Occupation

*Clerk*

10. Father's Birthplace

*Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

*D. W. Cathell, M.D.*

Address

*2 N Broadway.*

Remarks

**GIVEN NAME ADDED.**

*10-2-53*

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

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# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Dec. 18/80.
4. Place of Birth, (Street and Number) 626 W. Baltimore St.
5. Full Name of Mother Laura J. Shrout.
6. Mother's Maiden Name Bauman
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George H. Shrout
9. Father's Occupation Baker
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. H. K. Hetterhoff M.D.
- Address 205 W. Biddle St.
- Remarks \_\_\_\_\_



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

443091

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

18 December

4. Place of Birth, (Street and Number)...

Long Wharf

5. Full Name of Mother,...

Maggie Ulrich

6. Mother's Maiden Name,...

Herman

7. Mother's Birthplace,...

Balt Md

8. Full Name of Father,...

John Ulrich

9. Father's Occupation,...

Washman

10. Father's Birthplace,...

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Casper

Address,

52 E. Lombard

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44303

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 18 1/2

4. Place of Birth, (Street and Number) Chifton Balto C Md

5. Full Name of Mother, Fannie Nelson

6. Mother's Maiden Name, Nils

7. Mother's Birthplace, Chifton Balto Co Md

8. Full Name of Father, John Ryan

9. Father's Occupation, Barber

10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. G W Morris M.D

Address, 605 Strickland & Penniman

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111304

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

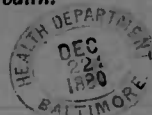


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Decr. 18 Dec 1880*
4. Place of Birth, (Street and Number) *corr. Cheseb. & Durhamstr.*
5. Full Name of Mother, *Maria Pauscher*
6. Mother's Maiden Name, *Maria Dattel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Pauscher*
9. Father's Occupation, *Wear worker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. R. Rudiger*
- Address, *134 N. Bondstr.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7<sup>th</sup>) Seventh

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth December 18 1880

4. Place of Birth (Street and Number) 227 Sumner Alley

5. Full Name of Mother Elizabeth Groscup

6. Mother's Maiden Name Elizabeth Snyder

7. Mother's Birthplace Germany

8. Full Name of Father John Frederick Groscup

9. Father's Occupation Cigar Maker

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. C. Hummer  
231 N. Fremont St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex (state whether ~~male~~ or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

White  
December 18<sup>th</sup> 1880  
6 S. Washington St.  
Sarah Elizabeth Davis  
Sarah E. Price  
Baltimore City, Md.  
Joseph Henry Davis  
Pilot  
Baltimore City, Md.  
Nicholas L. Dashiell  
207 S. Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 18th

4. Place of Birth (Street and Number)

no 26 Washington av

5. Full Name of Mother

Mary Ellen McPhail

6. Mother's Maiden Name

Mary Ellen Barnett

7. Mother's Birthplace

Hanover county, Va

8. Full Name of Father

Andrew Gordon McPhail

9. Father's Occupation

Hostler

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Midwife Mary Branning

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

14 Decem

4. Place of Birth, (Street and Number)

2751 President St

5. Full Name of Mother

Mary Schmidt

6. Mother's Maiden Name

Kemp

7. Mother's Birthplace

Bermin

8. Full Name of Father

John Schmidt

9. Father's Occupation

Refriger

10. Father's Birthplace

Bermin

Name of Medical Attendant, or other Person who makes this Return.

Lillian Simon

Address

1670 Granby St

Remarks

44309

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "DEC 24 1880" is stamped in three lines.

3. Child

Ferrate,

White

18 of December

201 S Chester St

Mary Samlson

Friedrich

Baltimore

Henry J. Samsel

Preiser

Baltimore

Also Wiley

and, or other Persons who make this Return. *1850*  
*No 12 Patterson Park Geo*

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALD.



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44.310

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

HEALTH  
750  
27  
1880

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 4th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Color Child*
3. Date of Birth, *18th of December year 1880*
4. Place of Birth, (Street and Number) *No. 10 Baltimore to have*
5. Full Name of Mother, *Ammie Joyce*
6. Mother's Maiden Name, *Ammie Harkins*
7. Mother's Birthplace, *Princh garge charlen*
8. Full Name of Father, *Isaac Isaacson*
9. Father's Occupation, *Oyster shuck*
10. Father's Birthplace, *Baltimore M.D.*
- Name of Medical Attendant, or other Person who makes this Return, *Miller Cross*
- Address, *No. 181 York street*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Second (2<sup>d</sup>)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Saturday December 18, 1890

4. Place of Birth, (Street and Number)

No. 1321 North E. Lombard St.

5. Full Name of Mother

Mrs. Maria Louisa Wick

6. Mother's Maiden Name

Mrs. Maria Louisa Beckwith

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Mr. Frederick W. Wick

9. Father's Occupation

Bookkeeper & Stationer

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Henderson, M.D.

Address

No. 102 North Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

male child

colored

Dec. 18 1889

Vincent St. B. I.

Eliza Rivers

The same name

Elizabet Child

Lucretia Reed

Laity Doctor

Virginia

Thompson, Remond

Vincent St. B. I.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d  
1. Sex (state whether Male or Female) Female  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec 1878  
4. Place of Birth (Street and Number) 302 Mulberry  
5. Full Name of Mother Algerine A Sheekels  
6. Mother's Maiden Name Miller  
7. Mother's Birthplace Baltimore  
8. Full Name of Father George W Sheekels  
9. Father's Occupation Carpenter Baltimore  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.  
Address 581 Lexington St.  
Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

114314

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 19th 1880

4. Place of Birth, (Street and Number)

No 73 S Broadway

5. Full Name of Mother,

Marguerite Goetz  
Gebel

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Goetz  
Merchant Tailor

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabetha Bely  
120 Bank St

Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 19 1880

4. Place of Birth, (Street and Number)

W. Warschington St.

40 No. 40

5. Full Name of Mother,

Margaret Fritzges

6. Mother's Maiden Name,

Susan

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Friedrich Fritzges

9. Father's Occupation,

Schuhmacher

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Brown

Address,

S. W. 40 No. 11

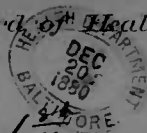
Remarks,

Dead

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

White

December 19 1880

# 22 Riverside Av

Ann Oaks

Ann Lees

England

John Oaks

Mariner

Sweden

H. B. Stottle In D

17 Starry Av

# **NOTICE**

**The succeeding document  
was received in the same  
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That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 19/80.
4. Place of Birth, (Street and Number) Cor. Eastern Ave. & President St.
5. Full Name of Mother Mary Straup
6. Mother's Maiden Name Hull
7. Mother's Birthplace Germany
8. Full Name of Father Christian Straup
9. Father's Occupation Hammock Maker
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. H. P. Fetterhoff, M.D.
- Address 205 W. Biddle St.
- Remarks

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

1414315

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 19<sup>th</sup> 1886

4. Place of Birth, (Street and Number) 51 Madaria Alley

5. Full Name of Mother Annie Ruppenstein

6. Mother's Maiden Name Annie Meidter

7. Mother's Birthplace Germany

8. Full Name of Father Johann Ruppenstein

9. Father's Occupation Seaborner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Anvend

Address 137 South Wolfe Street

Remarks 112

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence and name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.) \_\_\_\_\_

1. Sex (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Place of Birth, (Street and Number) \_\_\_\_\_

5. Full Name of Mother \_\_\_\_\_

6. Mother's Maiden Name \_\_\_\_\_

7. Mother's Birthplace \_\_\_\_\_

8. Full Name of Father \_\_\_\_\_

9. Father's Occupation \_\_\_\_\_

10. Father's Birthplace \_\_\_\_\_

Name of Medical Attendant, or other Person who makes this Return. \_\_\_\_\_

Address \_\_\_\_\_

Remarks \_\_\_\_\_

White.  
December 19<sup>th</sup> 1880.  
67 So. Pratt St.  
Isabella Margaret M. Cormick.  
Isabella M. Miller.  
Baltimore City, Md.  
Thomas Kirk M. Cormick.  
Clerk.  
Baltimore City, Md.  
Nicholas L. Dashiell.  
207 S. Broadway.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

144320

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

19th of December

4. Place of Birth (Street and Number)

Baltimore 413 Light St.

5. Full Name of Mother

Fattie A. Reddish

6. Mother's Maiden Name

Fattie A. Coit

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Edwin Reddish

9. Father's Occupation

Farmer

10. Father's Birthplace

Anne Arundel Co.

Name of Medical Attendant,

or other Person who makes this Return.

Mr. Conway.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-11-321

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *color child*
3. Date of Birth, *19 of December year 1880*
4. Place of Birth, (Street and Number) *174 York Street*
5. Full Name of Mother, *Hester Cross*
6. Mother's Maiden Name, *Colvert-country*
7. Mother's Birthplace, *Colvert-country*
8. Full Name of Father, *William Cross*
9. Father's Occupation, *181 York Street*
10. Father's Birthplace, *William Cross*
- Name of Medical Attendant, or other Person who makes this Return, *William Cross*
- Address, *181 York Street*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.

144322

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male  
Caucasian  
December 14/1880  
4 Burgundy al  
Mary Scott  
Mary Johnson  
Baltimore  
William Scott  
Baltimore  
Baltimore  
Mary Ann Cordery  
64 Albemarle  
five dollars

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11-11-323

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

18 December

No 14 Backport  
Principalsburg

Schwarz  
Baltimore

Annal H. Refinsburg

Blacksmith

Sergeant

4 Linden

No 43 Monroe

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 18, 1880*
4. Place of Birth (Street and Number) *Seaboard St. near Hollins*
5. Full Name of Mother *Cath. E. Klein*
6. Mother's Maiden Name *Jacob*
7. Mother's Birthplace *Balt*
8. Full Name of Father *John Klein*
9. Father's Occupation *Baker*
10. Father's Birthplace *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *John Hood*
- Address *322 Hollins St.*
- Remarks *Free healthy baby*



I am any physician, accoucheur, midwife, or other person in charge, who shall receive, advise of, or attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44325

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 19. 1880.*
4. Place of Birth, (Street and Number) *No 78. Fremont St. Baltimore*
5. Full Name of Mother, *Mary Hagen*
6. Mother's Maiden Name, *Kershner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hagen*
9. Father's Occupation, *Cabinet Maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Drs Katherine Luedach*  
or other Person who makes this Return.
- Address, *439. west Pratt St Balt*
- Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114326

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 30. 1880.

4. Place of Birth, (Street and Number)

358 E. Balt. St.

5. Full Name of Mother,

Mary E. Sheppard,

6. Mother's Maiden Name,

"Phie" Lee,

7. Mother's Birthplace,

Phila. Pa.

8. Full Name of Father,

Franklin L. Sheppard

9. Father's Occupation,

of the firm of Sheppard & Co.

10. Father's Birthplace,

Phila. Pa.

Name of Medical Attendant,

or other Person who  
makes this Return.

G. Glanville, Rush Ind.

Address,

Balt. & Wash. Sts.

Remarks,

Natural.

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

44,327

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Male
  2. Race or Color, (if not of the white race) White
  3. Date of Birth December 20th. 1880.
  4. Place of Birth, (Street and Number) Bell air av. opposite Bourscheidt
  5. Full Name of Mother Catherine Berger
  6. Mother's Maiden Name Catherine Hommel
  7. Mother's Birthplace Wittenburg Germany.
  8. Full Name of Father Joseph Berger.
  9. Father's Occupation Beer Brewer
  10. Father's Birthplace Wittenburg Germany.
- Name of Medical Attendant or other Person who makes this Return. Mrs. W. A. Butt.
- Address No. 183. L.E. av. Central av. & Monument St.
- Remarks All Well.

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

111395

A circular stamp from the Baltimore Health Department. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the word "Health." is written in a large, stylized font, with "3" and "1981" printed below it.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 26th 1881

4. Place of Birth, (Street and Number) 110. E. 51st St

5. Full Name of Mother Henry Wiener

6. Mother's Maiden Name Heckadel

7. Mother's Birthplace Balt City

8. Full Name of Father Friedrich Wiener

9. Father's Occupation Trailer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D. E. McCrone

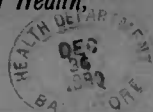
Address 5 E. 4th St. New York

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6<sup>th</sup>*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec. 20<sup>th</sup> 1880*
4. Place of Birth (Street and Number) *Falls road - (Fall Gate)*
5. Full Name of Mother *Lallie Stewart*
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace *A. A. Co. Md.*
8. Full Name of Father *James Stewart*
9. Father's Occupation *Gate Keeper*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *F. B. Gardner*
- Address *120 N. Greene St.*
- Remarks *I am not sure this case should be reported - being beyond the City limits - If I am wrong as it is outside*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111330

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 20th 1880

4. Place of Birth, (Street and Number)

No 248 Madison Ave

5. Full Name of Mother,

Annie E. Walworth

6. Mother's Maiden Name,

Harriott

7. Mother's Birthplace,

Baltimore City, Cecil Co Md.

8. Full Name of Father,

Dezision Walworth

9. Father's Occupation,

Merchant & Student of Medicine

10. Father's Birthplace,

Bangor, Maine

Name of Medical Attendant, or other Person who makes this Return.

Elias L. Price M.D.

Address,

262 Madison Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female  
White

Dec 20<sup>th</sup> 1880  
# 225 Montgomery St  
Laura Morgan  
Laura Della  
City  
Chas Morgan  
Mariner

Med  
H B Noble M.D.  
17 Warren St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th  
Mary

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

Dec 27th

3. Date of Birth

105 Stockholm St

4. Place of Birth (Street and Number)

Annie Hager

5. Full Name of Mother

" Wilson

6. Mother's Maiden Name

Philadelphia

7. Mother's Birthplace

Jack Hager

8. Full Name of Father

Glenn Hager

9. Father's Occupation

Winnipeg

10. Father's Birthplace

J.C. Burckhardt

Name of Medical Attendant, or other Person who makes this Return.

15 S. Howard St.

Address

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111333

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

3. Date of Birth,

20 December 1880

4. Place of Birth, (Street and Number)

63. Lemon St.

5. Full Name of Mother,

Wilminner, Richardson

6. Mother's Maiden Name,

Wilminner, Miller

7. Mother's Birthplace,

Louisiana, Ohio

8. Full Name of Father,

John P. Richardson

9. Father's Occupation,

Labr.

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who  
makes this return.

Address,

Remarks,

Mrs. D. Miller  
No 60 E. North St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1151.3311-

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 20 1880

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Jennie Wagner

6. Mother's Maiden Name,

Jennie Wagner

7. Mother's Birthplace,

Canton, Ky

8. Full Name of Father,

Frank Wagner

9. Father's Occupation,

Grocery & Provision

10. Father's Birthplace,

Lansville Ohio

Name of Medical Attendant, or other Person who makes this Return.

Address,

Dr. J. D. Dwyer

Remarks,

No 60 Calhoun St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Colored*

2. Race or Color (if not of the white race)

3. Date of Birth *Monday Dec. 20th 2 A.M.*

4. Place of Birth (Street and Number) *Castle Street No. 14*

5. Full Name of Mother *Mary Stevens*

6. Mother's Maiden Name *Mary Perkins*

7. Mother's Birthplace *Warwick Cecil County Md.*

8. Full Name of Father *James Henry Stevens*

9. Father's Occupation *Driver for Daugherty and Co.*

10. Father's Birthplace *Northampton County Va*

Name of Medical Attendant, or other Person who makes this Return. *Susan Morgan*

Address *47 W. Beerham St. north*

Remarks



provided at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111336

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

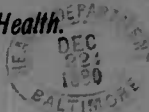


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *20 December*
4. Place of Birth, (Street and Number) *489 N. Gay St*
5. Full Name of Mother, *Livie Hendricks*
6. Mother's Maiden Name, *Taile*
7. Mother's Birthplace, *John Hendricks*
8. Full Name of Father, *Vicar Store*
9. Father's Occupation,
10. Father's Birthplace, *Balt. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Lasa Casper*
- Address, *52 E. Lombard*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



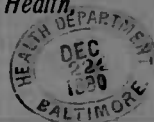
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(3rd) third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 20 1890*
4. Place of Birth (Street and Number) *231 N. Fremont Street*
5. Full Name of Mother *Alice Amelia Cole*
6. Mother's Maiden Name *Alice Amelia Hammer*
7. Mother's Birthplace *London County Va*
8. Full Name of Father *George Emory Cole*
9. Father's Occupation *Marble Cutter*
10. Father's Birthplace *Baltimore City - Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Hammer*
- Address *231 N. Fremont St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

44338

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*  
1. Sex (state whether ~~Male~~ or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *8<sup>th</sup> 40<sup>th</sup> P.M. 20th (December, 1880.*  
4. Place of Birth (Street and Number) *493 Franklin Street, Baltimore City*  
5. Full Name of Mother *Mary Louise Martine*  
6. Mother's Maiden Name *Mary Louise McCoy*  
7. Mother's Birthplace *Baltimore City, Maryland.*  
8. Full Name of Father *Lamotte Hamilton Martine*  
9. Father's Occupation *Clerk to Hambrook Company*  
10. Father's Birthplace *Northampton County - Virginia*  
Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. H. M.D.*  
Address *236 N. Howard St*  
Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

414339

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 24, 1880

4. Place of Birth, (Street and Number)

74 Hamburg St

5. Full Name of Mother,

Elizabeth A. (Miss) Neun

6. Mother's Maiden Name,

Elizabeth A. Mick

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Edw. A. Neuner

9. Father's Occupation,

Flower Planter

10. Father's Birthplace,

Many

Name of Medical Attendant, or other Person who makes this Return.

Chas. W. (Dr.) M.D.

Address,

146 N. ... St

Remarks,



adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

443110

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*  
*Boys*  
 1. Sex, (state whether male or female) *Boys*  
 2. Race or Color, (if not of the white race) *Weiß*  
 3. Date of Birth, *geboren den 20 ten Dezember*  
 4. Place of Birth, (Street and Number) *N<sup>o</sup> 248. Bethel Str*  
 5. Full Name of Mother, *Louise Leibt*  
 6. Mother's Maiden Name, *Louise Lampe*  
 7. Mother's Birthplace, *Deutschland*  
 8. Full Name of Father, *Georg Leibt*  
 9. Father's Occupation, *Handarbeiter*  
 10. Father's Birthplace, *Baltimore*  
 Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*  
 Address, *N<sup>o</sup> 197. S. Dollan Str*  
 Remarks, *Hemorrh.*

# NOTICE

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



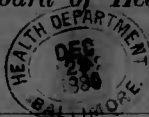
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth December 20th 1880
4. Place of Birth, (Street and Number) 1019 Cuba Street Mount Saint Pat
5. Full Name of Mother Ernestine Furchtenicht
6. Mother's Maiden Name Ernestine Schaefer
7. Mother's Birthplace Germany
8. Full Name of Father Friedrich Furchtenicht
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Huggie Ettel
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the male or female name of the mother of such child or children.

# RETURN OF A BIRTH,

144-31121

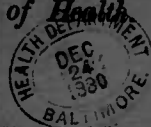
To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth 20 Decem
4. Place of Birth, (Street and Number) 475 Granby Street
5. Full Name of Mother Louise A. Kennedy
6. Mother's Maiden Name Morris
7. Mother's Birthplace Baltimore
8. Full Name of Father John A. Kennedy
9. Father's Occupation Sailmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Saphie Simon
- Address 475 Granby St
- Remarks —

# RETURN OF A BIRTH, 44314

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d  
 Sex, (state whether male or female) male  
 Race or Color, (if not of the white race) white race  
 Date of Birth December the 20th  
 Place of Birth, (Street and Number) Baltimore William St No 243  
 Name of Mother Mary E Metzger  
 Mother's Maiden Name Mary E Grek  
 Father's Birthplace Frederick Md  
 Name of Father Frederick B Metzger  
 Father's Occupation Laborer  
 Father's Birthplace Germany  
 Name of Medical Attendant, or other Person who makes this Return Elizabeth Huthorne  
 Address of Medical Attendant, or other Person who makes this Return William St No 243

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Ch*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Decr 20th 1880*
4. Place of Birth, (Street and Number) *No 1-84 Warner St*
5. Full Name of Mother, *Jane Kiser*
6. Mother's Maiden Name, *Jane Holden*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *J Theres Kiser*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Harry Hagerman*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

## A circular official stamp from the Health Department, Bangalore. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BANGALORE" at the bottom. In the center, there is a date stamp that reads "DEC 27 1980". Overlaid on the stamp is a handwritten signature or name, which appears to be "Sof Hecul".

21-21. 345

21-21. 345

Barnes Lee 20 1822c

Kale

Mr. Race Calver

Date of Birth Dec 20

Baltimore Heights No 242

Mary Petherbury

Oldry, S. S. S.

B. B. Th. platt. Batturiane

William Adams

Canon. LaBrie

Yours truly

Deby & Humboldt

Height 252 Ballnate

✓

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *20*
4. Place of Birth, (Street and Number) *No. 214 S. Sharp St*
5. Full Name of Mother, *Ellen G. Kramer*
6. Mother's Maiden Name, *Ellen G. Wallis*
7. Mother's Birthplace, *Pa*
8. Full Name of Father, *George Kramer*
9. Father's Occupation, *Picker*
10. Father's Birthplace, *Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Willy. Cross*
- Address, *No. 181. 1024 St.*
- Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 20th

4. Place of Birth (Street and Number) 716 S. Wharfst St.

5. Full Name of Mother Kate Pickner

6. Mother's Maiden Name Ward

7. Mother's Birthplace Baltimore

8. Full Name of Father Louis Pickner

9. Father's Occupation Brushmaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. K. Warner

Address Shelton & Townsend St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or  
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six  
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their phy-  
condition, whether still born or not, the full name, nativity, and residence of the parents, and the  
name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

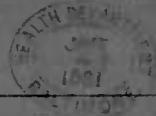


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December the 20<sup>th</sup> 1880
4. Place of Birth, (Street and Number) 377 Penna ave Baltimore and
5. Full Name of Mother Barbra Schmitt
6. Mother's Maiden Name Barbra Hoffman
7. Mother's Birthplace Germany
8. Full Name of Father John Schmitt
9. Father's Occupation Coat Painter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Mennigshel
- Address 345 Penna ave
- Remarks \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth December 20 / 1880
4. Place of Birth, (Street and Number) 186 Pearl St
5. Full Name of Mother Lottie Henkelman
6. Mother's Maiden Name Lottie Wunder
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Maximilian Henkelman
9. Father's Occupation Boatman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Annie M. M. M. M.
- Address 345 Penna. ave
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

144350

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec. 20th, 1880

4. Place of Birth (Street and Number) No. 214 N. Calhoun St.

5. Full Name of Mother Mary E. Carr

6. Mother's Maiden Name Miller

7. Mother's Birthplace Philadelphia - Penna.

8. Full Name of Father G. E. Carr

9. Father's Occupation Lithographer

10. Father's Birthplace Myrtle, Va.

Name of Medical Attendant, or other Person who makes this Return.

R. H. Goldsmith

Address

S. E. corner Harlem av and Calhoun St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44387

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 20, 1880

4. Place of Birth, (Street and Number)

11 New St.

5. Full Name of Mother,

Alice Green

6. Mother's Maiden Name,

Bacon

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Geo. Green

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Penna.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Ida Sadler

Address,

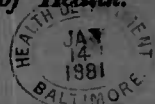
11 New St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or observe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth December 20<sup>th</sup> 1880.

4. Place of Birth, (Street and Number) #38 North Spring street

5. Full Name of Mother Amelia Sullivan.

6. Mother's Maiden Name Amelia Russell.

7. Mother's Birthplace Ireland.

8. Full Name of Father William Sullivan.

9. Father's Occupation Carpenter.

10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Anna Willigist

Address #182 East Monument street.

Remarks \_\_\_\_\_

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5<sup>th</sup>*

1. Sex, (state whether male or female)....

*Male*

2. Race or Color, (if not of the white race)

*White*

3. Date of Birth, .....

*22 December*

4. Place of Birth, (Street and Number) .....

*546 Warfield Road*

5. Full Name of Mother, .....

*Margaretta Fröhlich*

6. Mother's Maiden Name, .....

*" " " Lang*

7. Mother's Birthplace, .....

*Germany*

8. Full Name of Father, .....

*Peter Fröhlich*

9. Father's Occupation, .....

*Labourer*

10. Father's Birthplace, .....

*Germany*

Name of Medical Attendant, or other Person who makes this Return. ....

*Josephine Konrad*

Address, .....

*20 Barnes Str.*

Remarks, .....

1114354

**BALTIMORE CITY.**



5<sup>th</sup>

Female

White

December 21st 1880

W 4th St. near Bellair av.

Kitty Bond

Kitty Owens.

Baltimore.

Lewis. Bonn

Banner maker

Baltimore

Mrs. M. J. Bull

Ny 85 L.G. cor. Central av. & Monument St

All Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



# RETURN OF A BIRTH

44355

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 December

4. Place of Birth, (Street and Number)

67 S Exeter

5. Full Name of Mother,

Lizzie Miller

6. Mother's Maiden Name,

Monster

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

James Miller

9. Father's Occupation,

Clark

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sara Casper

Address,

52 E Lombard

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

114386  
The Registrar of Births and Deaths for the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *21 December*
4. Place of Birth, (Street and Number) *102 Low*
5. Full Name of Mother, *Fani Schwankale*
6. Mother's Maiden Name, *Harel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Albers Schwankale*
9. Father's Occupation, *Boiler maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Sarah Casper*
- Address, *52 E Lombard*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th  
German  
White

Dec 21-1880

138 Cathedral St-

Mary Henrietta Maters

" " Subman

Yorkshire County Eng

Robert E Maters

Merchant

Somerset Co - Eng

Mr. R. E. Maters

87 Mulberry St-

to be filled out at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111.358

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *~~Dec 21~~ Dec 21 December*
4. Place of Birth, (Street and Number) *111 S. Bell St.*
5. Full Name of Mother, *Maria Bailet*
6. Mother's Maiden Name, *Kraft*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *John Bailet*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Josephine Howard*
- Address, *20 Barnes St.*
- Remarks,

Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

14-11-339

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Cleruth  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 21<sup>st</sup> 1880

4. Place of Birth, (Street and Number)

18 Bevan st.

5. Full Name of Mother,

Christianu Kahl

6. Mother's Maiden Name,

" Weiz.

7. Mother's Birthplace,

Hesse - Darmstadt - Germany

8. Full Name of Father,

Henry Kahl

9. Father's Occupation,

Cooler

10. Father's Birthplace,

Hesse - Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Kahl

Address,

328 South Eutaw St.

Remarks,

advice as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111360

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Dec 21 st 1880*  
4. Place of Birth, (Street and Number) *708 Lexington St*  
5. Full Name of Mother, *Josephine Gertrude Lemmon Ball*  
6. Mother's Maiden Name, *Lemmon*  
7. Mother's Birthplace, *Keagarstown, Md*  
8. Full Name of Father, *Frank Webster Ball*  
9. Father's Occupation, *Journalist*  
10. Father's Birthplace, *Grand Rapids, Mich*  
Name of Medical Attendant, or other Person who make this Return, *Edw. L. Rice M.D.*  
Address, *262 Madison Ave*  
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

4

1. Sex (state whether Male or Female)

4 Females

2. Race or Color (if not of the white race)

4 White

3. Date of Birth

Dec 21 1880

4. Place of Birth (Street and Number)

110 12 More St. Baltimore

5. Full Name of Mother

Mary Thrush

6. Mother's Maiden Name

Mary Ridgeway

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Grandes Lutes Thrush

9. Father's Occupation

Brick Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. J. Freckley

Address

792 West Pratt St

Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female  
White  
Dec 21 1880  
#106 Fort Avenue  
A. E. Shannon  
A. E. Buckley  
Md  
Edw. P. Shannon  
Mechanic  
Va  
H. B. Noble Md  
17 Gramer av



advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, ~~Department~~

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 21, 1880

4. Place of Birth, (Street and Number)

191 N. Caroline St.

5. Full Name of Mother,

Anna Rebecca Thomas

6. Mother's Maiden Name,

" " Cullum

7. Mother's Birthplace,

Batt. Ind.

8. Full Name of Father,

Nicholas Thomas

9. Father's Occupation,

Cannalier

10. Father's Birthplace,

Batt. Ind.

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Hartman M.D.

Address,

305 N. Caroline St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Eighth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 21<sup>st</sup> 1880*
4. Place of Birth (Street and Number) *House known as "Graves Place" near Fulton St. extended*
5. Full Name of Mother *Mary E. R. Fluharty*
6. Mother's Maiden Name *Mary E. R. Toms*
7. Mother's Birthplace *Perquimans County, N. Carolina*
8. Full Name of Father *William R. Fluharty*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Cambridge Maryland.*
- Name of Medical Attendant, or other Person who makes this Return. *J. M. Johnson M.D.*
- Address *No. 379 N. Gilman Street Baltimore Md*
- Remarks

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 21st - 1880

4. Place of Birth (Street and Number)

Harlem Ave.

5. Full Name of Mother

Mrs. Jennie Whittle Barr

6. Mother's Maiden Name

Whittle

7. Mother's Birthplace

Mecklenburg Co: Va.

8. Full Name of Father

David Barr

9. Father's Occupation

Clergyman

10. Father's Birthplace

Abingdon - Va.

Name of Medical Attendant, or other Person who makes this Return.

Address

Wm W. Murray, M.D.

Remarks

308 W. Fayette St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 21/1880
4. Place of Birth, (Street and Number) 284 Johnson st
5. Full Name of Mother Annie Labaree
6. Mother's Maiden Name " " Schultz
7. Mother's Birthplace Baltimore
8. Full Name of Father George Labaree
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

December 21 1890

4. Place of Birth (Street and Number)

82 Duquesne St

5. Full Name of Mother

Catharine Macmillan

6. Mother's Maiden Name

Catharine Lineman

7. Mother's Birthplace

Germany

8. Full Name of Father

Robert Macmillan

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Rachel M. M. M. M.

Address

65 Burke St

Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

144368

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



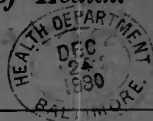
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
 1. Sex, (state whether male or female) *Male,*  
 2. Race or Color, (if not of the white race)  
 3. Date of Birth, *Dec. 21. 1880*  
 4. Place of Birth, (Street and Number) *106 N. Wash. St.*  
 5. Full Name of Mother, *Angenette Sickey*  
 6. Mother's Maiden Name, *Gardner,*  
 7. Mother's Birthplace, *Balt. Md.*  
 8. Full Name of Father, *Wynkoop W. Sickey*  
 9. Father's Occupation, *Carpenter*  
 10. Father's Birthplace, *Phila. Pa.*  
 Name of Medical Attendant *G. G. Dyck*  
 Address, *Balt. Wash. Sts.*  
 Remarks, *Natural,*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Dec 2



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether male or female) Male & Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 21st 1880

4. Place of Birth, (Street and Number) 163 South Wolfe Street

5. Full Name of Mother Barbara Haizer

6. Mother's Maiden Name Barbara Givings

7. Mother's Birthplace America

8. Full Name of Father George Haizer

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Annell

Address 137 South Wolfe Street

Remarks CH



adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111370

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 21 1880

4. Place of Birth, (Street and Number) No 165 Conway St

5. Full Name of Mother, Mary Wiestsch

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Wiestsch

9. Father's Occupation,

10. Father's Birthplace, German

Name of Medical Attendant, or other Person who makes this Return, Deborah Thomas

Address, Wm Burgundy Alley Balto

Remarks, This Child is a 7 month baby but was born a live and is Registered so I send this & Thomas

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

44-371

To the Office of Registrar of Vital Statistics, Board  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth the 21 of Dec
4. Place of Birth, (Street and Number) No 759 2nd Street, St.
5. Full Name of Mother Mary Federmann
6. Mother's Maiden Name Mary M. Korzahn
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Federmann
9. Father's Occupation Tobacco
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. William J. Towner
- Address 123 Hamilton St.
- Remarks 1550

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pleteness.**

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# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth the 12 of Sep
4. Place of Birth, (Street and Number) 12 345 - 11th St
5. Full Name of Mother Lily Bittel
6. Mother's Maiden Name Bengel
7. Mother's Birthplace Germany
8. Full Name of Father Albert Bengel
9. Father's Occupation Leather
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Miss Lillian Gauer
- Address 177 Pacific Ave.
- Remarks

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children:

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 21 1880
4. Place of Birth, (Street and Number) No 165 Conway St
5. Full Name of Mother, Mary Wietsch
6. Mother's Maiden Name, German
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Wietsch
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas
- Address, 70 Rusquoddy Alley
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Dec 21st 1880*
4. Place of Birth (Street and Number) *# 134 N. York St*
5. Full Name of Mother *Abbie M. Robinson*
6. Mother's Maiden Name *Murphy*
7. Mother's Birthplace *Pennsylvania*
8. Full Name of Father *Robert H. Robinson*
9. Father's Occupation *Physician*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Sam J. Bell*
- Address *# 134 N. York St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44375

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 21, 1880

4. Place of Birth, (Street and Number)

Wolfe near Gay St  
Kate Bonn

5. Full Name of Mother,

6. Mother's Maiden Name,

Owens

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Louis Bonn

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. H. White, M.D.

Address,

327 N Broadway

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

44376

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

negro

3. Date of Birth

Dec. 21<sup>st</sup> 1880

4. Place of Birth (Street and Number)

No. 8 Fomey ally

5. Full Name of Mother

Anna Cornelia Ringold

6. Mother's Maiden Name

Anna Cornelia Smith

7. Mother's Birthplace

Balto Ma

8. Full Name of Father

Stephen J Ringold

9. Father's Occupation

Mattress maker

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

E. Liverleaf M.D.

Address

289 W Fayette St

Remarks

I was called to this case at the last moment to render assistance in which I succeeded, but have had some difficulty in obtaining the facts above



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# RETURN OF A BIRTH,

111377

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

th 28 December 1880

4. Place of Birth, (Street and Number)

No 9 Lomb Street

5. Full Name of Mother

Ann Schubert

6. Mother's Maiden Name

Ann Schubert

7. Mother's Birthplace

Essex County, Mass

8. Full Name of Father

Isaac Schubert

9. Father's Occupation

Cobler

10. Father's Birthplace

Worcester, Mass

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Smith

Address

1711 N. E. Ave

Remarks

Mature

70

Thick

Strong

Living well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114378

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *December 22nd 1880*

4. Place of Birth, (Street and Number) *13 Hamilton Street*

5. Full Name of Mother, *Mary Johnson*

6. Mother's Maiden Name, *Bally*

7. Mother's Birthplace, *Princeton Co. Md*

8. Full Name of Father, *William Johnson*

9. Father's Occupation, *Steadore*

10. Father's Birthplace, *Richmond Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Emilie Johnson*

Address, *13 Hamilton Street*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 22 1880

4. Place of Birth, (Street and Number)

S. Schappellstr No 58

5. Full Name of Mother,

Katharine Welsh

6. Mother's Maiden Name,

Kramm

7. Mother's Birthplace,

Co. Greenland

8. Full Name of Father,

Wm. Welsh

9. Father's Occupation,

Police

10. Father's Birthplace,

Weymouth American Co.

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Frankland

Address,

S. Schappellstr No 58

Remarks,

Wm. J. Frankland

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114980

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

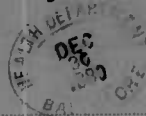


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22d December
4. Place of Birth, (Street and Number) No 27 Conyngham St
5. Full Name of Mother, Elizabeth Kirkman
6. Mother's Maiden Name, " Hillier
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Kirkman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs Wiley  
or other Person who makes this Return
- Address, No 12 Hilliers Park Dr
- Remarks,

to the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Dec 22  
4. Place of Birth, (Street and Number) 62 Wyeth st  
5. Full Name of Mother, Catharine Bachman  
6. Mother's Maiden Name, Catharine Heidermeyer  
7. Mother's Birthplace, Baltimore City  
8. Full Name of Father, Henry Bachman  
9. Father's Occupation, Cigar Maker  
10. Father's Birthplace, Baltimore City  
Name of Medical Attendant, Mary C. Bentley  
Address, 90 St Peter st  
Remarks, \_\_\_\_\_

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or attend at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth December 22d 1880  
4. Place of Birth, (Street and Number) 223 N. Charles  
5. Full Name of Mother Louisa Wallace Gill  
6. Mother's Maiden Name Louisa Wallace Spence  
7. Mother's Birthplace Baltimore  
8. Full Name of Father John Gill  
9. Father's Occupation Merchant  
10. Father's Birthplace Annapolis  
Name of Medical Attendant, or other Person who makes this Return. H. B. Childs, M.D.  
Address 146 Park Avenue  
Remarks \_\_\_\_\_

advise as the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, if such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh -

1. Sex, (state whether male or female).....

Female -

2. Race or Color, (if not of the white race).....

White -

3. Date of Birth,.....

Dec 22 - 1880

4. Place of Birth, (Street and Number).....

657 N Fayette St -

5. Full Name of Mother,.....

Mary R Diffenderfer

6. Mother's Maiden Name,.....

" " Bailey -

7. Mother's Birthplace,.....

Baltimore -

8. Full Name of Father,.....

W H Diffenderfer.

9. Father's Occupation,.....

Clerk

10. Father's Birthplace,.....

Baltimore -

Name of Medical Attendant, or other Person who makes this Return.

Wm Registrar Med

Address, .....

Wm Fayette Baltimore

Remarks, .....



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 141384

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st  
Female  
Colored.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 22 / 1880

4. Place of Birth, (Street and Number)

S. E. Co. Hulls in Spring St.

5. Full Name of Mother,

Alice Thicker

6. Mother's Maiden Name,

" Harris

7. Mother's Birthplace,

Priggs, Garps Co. Md.

8. Full Name of Father,

Richard Thicker

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Balti. Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Edward M. Weir

Address,

168 N. Calvert St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of  
**BALTIMORE CITY.**



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 25<sup>th</sup> 745 P.M. 1880

4. Place of Birth (Street and Number) 4 Little English St

5. Full Name of Mother Mrs Cecilia M. Loran

6. Mother's Maiden Name Mrs C. Strick

7. Mother's Birthplace Baltimore

8. Full Name of Father Mrs. Roy M. Loran

9. Father's Occupation Postmaster

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address 299 E. Baltimore Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2<sup>th</sup> boy

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 22 1880

4. Place of Birth, (Street and Number)

Calwell st 122

5. Full Name of Mother,

Josfin Jonson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Manian Jonson

9. Father's Occupation,

oyster shiver

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who make this return.

Marshall

Address,

4700 N. Howard st

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111387

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9<sup>th</sup>  
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 22nd

4. Place of Birth, (Street and Number)

23 Baltimore St

5. Full Name of Mother,

Catherine G. O'Hara

6. Mother's Maiden Name,

Seaton

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

George H. O'Hara

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dr. J. S. Dummer  
J. S. Dummer

174.388

So as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. th. Child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White. Child.*
3. Date of Birth, *22. th. December, 1880*
4. Place of Birth, (Street and Number) *No. 203. Hollins. Str.*
5. Full Name of Mother, *Mary, Ann, Balun, Wiegard.*
6. Mother's Maiden Name, *Mary, Ann, Balun.*
7. Mother's Birthplace, *Catonville. Balto. County.*
8. Full Name of Father, *Charles, Wiegard.*
9. Father's Occupation, *Laboring.*
10. Father's Birthplace, *Philadelphia, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Miss Dimple*
- Address, *of 60 DuBois*
- Remarks,

in case at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11.11389

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4d*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Dec the 22 1880*
4. Place of Birth, (Street and Number) *Balt Preston St No 220*
5. Full Name of Mother, *Martha Settlar*
6. Mother's Maiden Name, *Whittington*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Wm Settlar*
9. Father's Occupation, *Draymen*
10. Father's Birthplace, *Baltimore md*
- Name of Medical Attendant, *Mary A Dorsey*  
or other person who makes this Return.
- Address, *83 Oxford St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

# RETURN OF A BIRTH

111390

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 22nd

4. Place of Birth, (Street and Number)

No 16. Baker's court

5. Full Name of Mother,

Anna Magie Lizzie Wang

6. Mother's Maiden Name,

Kucharski

7. Mother's Birthplace,

Silesia

8. Full Name of Father,

John Jack Wang

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. L. L. L.

Address,

2060 Broadway St

Remarks,

144.391

HEALTH DEPARTMENT  
DEC 23 1966  
BALTIMORE

10th  
Female

- Dec 22 - 1880  
 at 352 Cross St -  
 Mary Teller  
 Germany  
 Emil Teller  
 Bookkeeper  
 Germany.

J. Savassan midwife  
330 Hanover st.

330 Hanover st.

• • • • •

JOHN B. FLETCHER PRINTERS & STATIONERS, BALDWIN



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111392

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 22nd 1880  
113 660 Light st  
Cathern Wroten  
Chase

4. Place of Birth, (Street and Number) ...

5. Full Name of Mother,

6. Mother's Maiden Name, ...

7. Mother's Birthplace,

America  
William Wroten  
Cigarmaker

8. Full Name of Father,

9. Father's Occupation, ...

10. Father's Birthplace,

America  
J. Schoassee midwife  
330 Hanover st.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

# **NOTICE**

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condition and microfilmed  
as shown.

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assure legibility and com-  
pleteness.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5

Male

White

Dec 22 1880

37 Lomburg St

Sarah H. Johnson

Sarah Abbott

Dorchester Co Md

Edwin Johnson

Boiler Maker

Somerset Co

Mrs Ann Smith

and the name of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1113911

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 Dec

4. Place of Birth, (Street and Number)

64 Leary St

5. Full Name of Mother,

Martha Seibert

6. Mother's Maiden Name,

Martha Seibert

7. Mother's Birthplace,

8. Full Name of Father,

Henry Seibert

9. Father's Occupation,

Sailor Fireman

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Seibert

Address, 439 W. Pratt St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of each child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec. 22<sup>nd</sup>
4. Place of Birth, (Street and Number) 1058 Market space.
5. Full Name of Mother Caroline Winterhalter
6. Mother's Maiden Name D. Hill
7. Mother's Birthplace Germany.
8. Full Name of Father August Winterhalter.
9. Father's Occupation Governor.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
- Address 1070 Grand St.
- Remarks \_\_\_\_\_

advice as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111396

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>d</sup> Child*
1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 26<sup>th</sup> 1880*
4. Place of Birth, (Street and Number) *N. Wolfe St. N<sup>o</sup> 94.*
5. Full Name of Mother, *Marsharine Smith*
6. Mother's Maiden Name, *Marsharine Mel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Smith*
9. Father's Occupation, *car maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Harry E. Müller*
- Address, *1, Dallas St. N<sup>o</sup> 26.*
- Remarks, .....

For any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

44397

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), *1st Child*

1. Sex, (state whether male or female) .....
  2. Race or Color, (if not of the white race) *Colored*
  3. Date of Birth, *December the 22. 1880*
  4. Place of Birth, (Street and Number) *S. Reshel St. No 95.*
  5. Full Name of Mother, *Emilie Boone*
  6. Mother's Maiden Name, *Emilie Bonebrake*
  7. Mother's Birthplace, *Balt<sup>o</sup> City*
  8. Full Name of Father, *Joseph Boone*
  9. Father's Occupation, *Laborer*
  10. Father's Birthplace, *Balt<sup>o</sup> City*
- Name of Medical Attendant, *Harry C. Muller*  
Address, *W. Dallas St. No 26.*  
Remarks, .....

# RETURN OF A BIRTH

4-11398

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Thursday 22 December 1880*

4. Place of Birth, (Street and Number) *Baltimore 55 N. Pine St*

5. Full Name of Mother, *Mrs Laura Gitzer*

6. Mother's Maiden Name, *Mrs Laura Langshaine*

7. Mother's Birthplace, *Chambersburg Pa*

8. Full Name of Father, *Albert G. Gitzer*

9. Father's Occupation, *Cabinet Maker*

10. Father's Birthplace, *Painfield Pa*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Gardner*

Address, *45 Monroe Street*

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise as the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

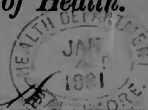


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3  
1. Sex (state whether Male or Female) Male  
2. Race or Color (if not of the white race) White  
3. Date of Birth Dec 22  
4. Place of Birth (Street and Number) Gay St  
5. Full Name of Mother Fauna Jagle  
6. Mother's Maiden Name Sailer  
7. Mother's Birthplace Baltimore  
8. Full Name of Father George Jagle  
9. Father's Occupation Gas Stationary Store  
10. Father's Birthplace Baltimore  
Name of Medical Attendant, or other Person who makes this Return.  
Address  
Remarks 2 E Thacker  
311 Lexington St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 22d, 1880-

4. Place of Birth (Street and Number)

No 80 Lucerne St

5. Full Name of Mother

Minnie O'Rourke

6. Mother's Maiden Name

Maker

7. Mother's Birthplace

U.S. America

8. Full Name of Father

John A. Rourke

9. Father's Occupation

"Heater" in R. Mill

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dr. James Williams, Jr.

Address

117 Baltimore St

Remarks

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pleteness.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1111401

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 22nd 1880*
4. Place of Birth, (Street and Number) *No. 14 Wilhelmina Street Baltimore*
5. Full Name of Mother, *Annie C. Bowersock*
6. Mother's Maiden Name, *" " Hamilton*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Bowersock*
9. Father's Occupation, *Steam Builder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return. *M. J. Leman*
- Address, *425 W. McHenry St.*
- Remarks, *Good Baby*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth December 22 / 1880

4. Place of Birth, (Street and Number) Madison St. No 21 Baltimore

5. Full Name of Mother J. M. Parker

6. Mother's Maiden Name Re. Turner

7. Mother's Birthplace Primer

8. Full Name of Father John King Lee Jr

9. Father's Occupation Driver

10. Father's Birthplace Marion, Va

Name of Medical Attendant, or other Person who makes this Return. Margaret D. Richardson

Address \_\_\_\_\_

Remarks \_\_\_\_\_

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114403

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,...

December 22 - 1880

4. Place of Birth, (Street and Number) 127 Hudson Street - Canton

5. Full Name of Mother,

Emma J. Penner

6. Mother's Maiden Name,

Emma J. Waters

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin D. Penner

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,...

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. A. Allwell

Address, 156 N. Donagh St

Remarks,.....

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pleteness.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 22
4. Place of Birth, (Street and Number) 194 Hart Ave
5. Full Name of Mother Mary Kensel
6. Mother's Maiden Name \_\_\_\_\_
7. Mother's Birthplace Somerset Co
8. Full Name of Father George Kensel
9. Father's Occupation Laborer
10. Father's Birthplace Europe
- Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Smith
- Address \_\_\_\_\_
- Remarks \_\_\_\_\_



Attest the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111405

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10. Child

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 22. 1880

4. Place of Birth, (Street and Number)

3.77. 1st St

5. Full Name of Mother,

Mary Buth

6. Mother's Maiden Name,

Mary Stillman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. & Buth

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Magarum

Address,

Russell St. 10th

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *22 December*
4. Place of Birth, (Street and Number) *34 Holiday*
5. Full Name of Mother, *Francis Desmi*
6. Mother's Maiden Name, *woods*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *James Desmi*
9. Father's Occupation, *workman*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Sara Carter*
- Address, *82 E Lombard*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

16<sup>th</sup>

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 28 1880

4. Place of Birth (Street and Number)

223 W Lombard St.

5. Full Name of Mother

Margarette Hoffheimer

6. Mother's Maiden Name

Margarette Heidenreich

7. Mother's Birthplace

Germany

8. Full Name of Father

Zachariah Hoffheimer

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Adrian W. Fusch

Address

Remarks

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 23

4. Place of Birth, (Street and Number)

126 Johnson

5. Full Name of Mother

Mary Chambers

6. Mother's Maiden Name

" " Fenerstein

7. Mother's Birthplace

Pineville

8. Full Name of Father

Charles Chambers

9. Father's Occupation

Wale Long Boat

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Nash

Address

Remarks



Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 23d 1880

4. Place of Birth, (Street and Number)

10712 Light St.

5. Full Name of Mother,

Margaret Baeh

6. Mother's Maiden Name,

Margaret Kline Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Crest Kline Smith

9. Father's Occupation,

Germany

10. Father's Birthplace,

Bach

Name of Medical Attendant, or other Person who makes this Return.

Mary Hazareus  
1000 Russell St.

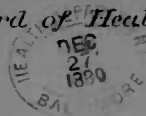
Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st  
Male

White  
DEC 23 1880

340 N. Sticks St  
P. Agnacoast

Kilbert  
Havell Co. Md

P. Agnacoast  
Carpenter

Baltimore  
G. H. Jones M.D.  
340 Sticks St & Persimmon

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3<sup>rd</sup> Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December the 23, 1880

4. Place of Birth, (Street and Number)

E. Gayette St. No. 243.

5. Full Name of Mother,

Louise King

6. Mother's Maiden Name,

Louise Meier

7. Mother's Birthplace,

Baltimore, City

8. Full Name of Father,

George King

9. Father's Occupation,

Speculator

10. Father's Birthplace,

Baltimore, City

Name of Medical Attendant,

Mary E. Huller

Address,

W. Dallas St. No. 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Female  
White  
December 23. 1880  
Little Walsh St No 16  
Elizabeth Hatche  
Elizabeth Aden.  
Pennsylvania  
John Hatch  
Carpenter  
Washington  
Elizabeth Donelley midwife  
No 18 Little Walsh St



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *23. Dec*  
4. Place of Birth (Street and Number) *230. S. Paca. St.*  
5. Full Name of Mother *Mary M. Wilson*  
6. Mother's Maiden Name *Mary M. Schallion*  
7. Mother's Birthplace *Maryland*  
8. Full Name of Father *James. St. Wilson*  
9. Father's Occupation *Teamster*  
10. Father's Birthplace *Maryland*  
Name of Medical Attendant, or other Person who makes this Return. *Mary. Kraming*  
Address  
Remarks

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Decr. 23 1880*

4. Place of Birth, (Street and Number) *182 Harford av.*

5. Full Name of Mother, *Liddy Schellenschlager*

6. Mother's Maiden Name, *Liddy Leighton*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wilhelm Schellenschlager*

9. Father's Occupation, *Koffe Roster*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. R. Rudiger*

Address, *137 W Bond St.*

Remarks,

not less than six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First. 1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 23rd 1880*

4. Place of Birth, (Street and Number) *6 Fountain St*

5. Full Name of Mother, *Sophia Link Whiskettel*

6. Mother's Maiden Name, *Sophia Link*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Whiskettel*

9. Father's Occupation, *Moulder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Mary C. Simeone*

Address, *171 O. Washington St*

Remarks,

salvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

114416

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth  
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 23<sup>rd</sup>

4. Place of Birth, (Street and Number)

153 W. Fremont St.

5. Full Name of Mother,

Laura Virginia Duboué  
Brenner

6. Mother's Maiden Name,

Baltimore Ind

7. Mother's Birthplace,

Armand Henry Duboué

8. Full Name of Father,

Shirt Manufacturer

9. Father's Occupation,

Guadaloupe, West India Isl

10. Father's Birthplace,

Mrs. Sebach

Name of Medical Attendant, or other Person who makes this Return.

Pratt St. near Fremont

Address,

Remarks,

# NOTICE

The succeeding document  
was received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 23<sup>rd</sup> 1880.
4. Place of Birth, (Street and Number) 539 N. Stricker St.
5. Full Name of Mother Mary Stuart
6. Mother's Maiden Name Gettler
7. Mother's Birthplace Balto. City, Md.
8. Full Name of Father James A. Stuart
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Saml W. Knight M.D.
- Address 112 N. Greene St.
- Remarks \_\_\_\_\_

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.  
Male,

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 23rd 1880

4. Place of Birth, (Street and Number)

377 Delaware St. Balt. Md.

5. Full Name of Mother,

Elizabeth Jane Wells,

6. Mother's Maiden Name,

" Lambert,

7. Mother's Birthplace,

" Balt. Md.

8. Full Name of Father,

Geo. R. Wells,

9. Father's Occupation,

Book-keeper

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

L. G. Link

Address,

Balt. & Wash. Ch.

Remarks,

Natural,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

Dec 23rd 1880.

4. Place of Birth (Street and Number)

156 East St

5. Full Name of Mother

Henrietta Herbert.

6. Mother's Maiden Name

" Gimpfel.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Charles Herbert

9. Father's Occupation

Police Officer

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

D. W. Cattell.

Address

2 W Broadway.

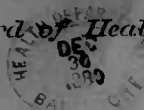
Remarks



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... Dec 23
4. Place of Birth, (Street and Number)..... 104 St. Peter st
5. Full Name of Mother,..... Mary Gumpman
6. Mother's Maiden Name,..... Mary Long
7. Mother's Birthplace,..... Baltimore City
8. Full Name of Father,..... Charles Gumpman
9. Father's Occupation,..... Finisher
10. Father's Birthplace,..... Baltimore City
- Name of Medical Attendant, or other Person who makes this Return...... Mary E. Bentley
- Address,..... 90 St. Peter st
- Remarks,.....

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child.  
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,.....

Dec 24th 1880  
No 58 Dust alley

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

Lucie Wife  
Abathas

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Wife  
Cigar maker

9. Father's Occupation,

10. Father's Birthplace,.....

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwager midwife  
330 Hanover st.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 24th 1880  
No 71 Hamburg st  
Emma Lindblain  
Hoffman

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America  
Richard Lindblain  
Machinist

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

America  
J. Lobegasser midwife  
330 Hanover st.

Address,

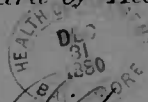
Remarks,



any person in charge, who shall return, assist or  
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children  
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence  
of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child  
Male

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)....

3. Date of Birth,.....

Dec 24 1880

4. Place of Birth, (Street and Number)....

370 Hanover st

5. Full Name of Mother,

Louise Gendeman

6. Mother's Maiden Name,

Kratz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Gendeman

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who  
makes this Return.

J. Schwasser midwife  
330 Hanover st.

Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

1111.211

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child  
Male



1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 24 1880  
No 325 Hanover st

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,

Mary Diehl  
Lapham

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

William Diehl

9. Father's Occupation,

Wares maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser midwife  
330 Hanover st

Address,

Remarks,

111125

of Health

Third (G<sup>n</sup>)

Male

White

December 24th 1880

No 5 (valley 20)

Charlotte A. Nickles

u Morrisson

Leuty

Edward Nichols

Cabinet Master

*City*

Now please you

168 f Paca St)

JOHN B. FAY, FARRER &amp; SULLOWAY, INC.

111126

RE CITY.  
Third (G)

Female

white

December 24th 1880

87 W. Huron St

Mary M Patterson

Thrift

Wilmington D. Va

Geo. Patterson.

*Machinist*

City of New York  
168 Duane St

or other Person who makes this Return.

[illegible]

MAN P. PRINTER & STATIONER, BALD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

24th of December

4. Place of Birth (Street and Number)

#44 Mount St

5. Full Name of Mother

Amelia O. Greenbaum

6. Mother's Maiden Name

Greenbaum

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Eli Greenbaum

9. Father's Occupation

Butcher

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

C. C. McDowell M.D.

Address

642 W. Fayette St

Remarks



# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

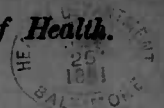
**Every effort was made to  
assure legibility and com-  
pleteness.**

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# RETURN OF "A BIRTH,"

114428

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth December 24<sup>th</sup> 1880  
4. Place of Birth, (Street and Number) Maryland Penitentiary, Annapolis, Md.  
5. Full Name of Mother Francis Wilkinson  
6. Mother's Maiden Name Francis Bennett  
7. Mother's Birthplace Maryland  
8. Full Name of Father Thomas Strike Wilkinson  
9. Father's Occupation Wardens  
10. Father's Birthplace Maryland  
Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah G. G. G.  
Address 233 Light Street, City  
Remarks \_\_\_\_\_

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

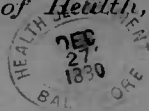


1  
Female  
White  
Dec 24 1880  
Asgvit. St  
Barthley Rose  
Barthley Smith  
Baltimore Md  
John Rose  
Cutter  
Baltimore  
Maryland Hayward  
346 Orleans St

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27th of December 1890.*
4. Place of Birth, (Street and Number) *26 East Calver Street*
5. Full Name of Mother, *Lora Wagner*
6. Mother's Maiden Name, *Lora Hardman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ambrose Hardman*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*
- Address, *71 North Chapel Street per Justina K. Kunkel*
- Remarks, *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 11/11/31

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 16

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 24 of 90

4. Place of Birth, (Street and Number) No 116

5. Full Name of Mother Ann Mage Gamber

6. Mother's Maiden Name Mary Mage Goffler

7. Mother's Birthplace Germany

8. Full Name of Father Frank Goffler

9. Father's Occupation Blacksmith

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address 113 N. 1st St.

Remarks 88

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



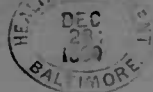
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>  
1. Sex (state whether male or female) Male  
2. Race or Color (if not of the white race) Black  
3. Date of Birth Dec. 24<sup>th</sup> 1880  
4. Place of Birth (Street and Number) Lewis's Alley No. 1.  
5. Full Name of Mother Jennie Simmons.  
6. Mother's Maiden Name "  
7. Mother's Birthplace H. Mary's Co. Md.  
8. Full Name of Father Unknown.  
9. Father's Occupation "  
10. Father's Birthplace "  
Name of Medical Attendant, or other Person who makes this Return. James Brown M.D.  
Address 110 N. E. Howard St.  
Remarks Born in good condition and both mother & child doing well.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

111138

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Decr. 24 1880
4. Place of Birth, (Street and Number) 36 N. Karolinst. .
5. Full Name of Mother, Male Graf
6. Mother's Maiden Name, M. Scha
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Graf
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. R. Rudiger
- Address, 134 N Bondstr
- Remarks,

# **NOTICE**

**The succeeding document  
was received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7<sup>th</sup>
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 24 1880
4. Place of Birth, (Street and Number) S. Charles St.
5. Full Name of Mother Emma J. Mitchell
6. Mother's Maiden Name Sullivan
7. Mother's Birthplace Maryland
8. Full Name of Father Geo. B. Mitchell
9. Father's Occupation Merchant
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Hanover Street
- Remarks \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7<sup>th</sup>

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

December 24<sup>th</sup> 1880

4. Place of Birth (Street and Number)

1073 S. Bond St.

5. Full Name of Mother

Elizabeth Jane Gray.

6. Mother's Maiden Name

" " Sapp

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Walter L. Gray

9. Father's Occupation

Capt. of Barks. New Light.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. Ridgway Andrew M.D.

Address

1011 E. Baile St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st  
Female

White

Dec 24 - 1880

226 N. Biddle St

Matilda P. Melkins

Hachtel

Baltimore Md.

William Melkins

Seaman

Baltimore Md.

Meredydd

of Mulberry St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who  
makes this Return.

Address,

Remarks,

*Twelfth*  
*Female*

*Dec 24<sup>th</sup> 1880*

*# 300 Cross st.*

*Maggie Schelleberg*  
*Recker*

*Prussia*  
*John Schelleberg*  
*Cooper*  
*Prussia*

*Mary Roth*  
*328 South Emden st.*



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44438

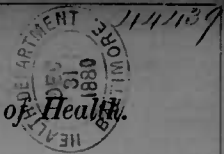
HEALTH DEPARTMENT  
BALTIMORE.  
DEC 25 1889

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 24
4. Place of Birth (Street and Number) 205 North Durkum St
5. Full Name of Mother Eliza Jane Cherryman
6. Mother's Maiden Name John Eliza Jane Wilson
7. Mother's Birthplace Baltimore City
8. Full Name of Father General Harrison
9. Father's Occupation Coach
10. Father's Birthplace North 20 West West End
- Name of Medical Attendant, or other Person who makes this Return and Wife Cherryman
- Address 205 North Durkum St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White race*
3. Date of Birth *24. December*
4. Place of Birth (Street and Number) *Baltimore Number 24 Market Market Space*
5. Full Name of Mother *Idea Marks*
6. Mother's Maiden Name *Idea Hillson*
7. Mother's Birthplace *Polen Europe*
8. Full Name of Father *Harry Marks*
9. Father's Occupation *Clothing Store*
10. Father's Birthplace *Polen Europe*
- Name of Medical Attendant, or other Person who makes this Return. *Leahna King 3rd*
- Address *No 26. A Street, Prince L M*
- Remarks



CITY HALL  
BALTIMORE 2, MARYLAND

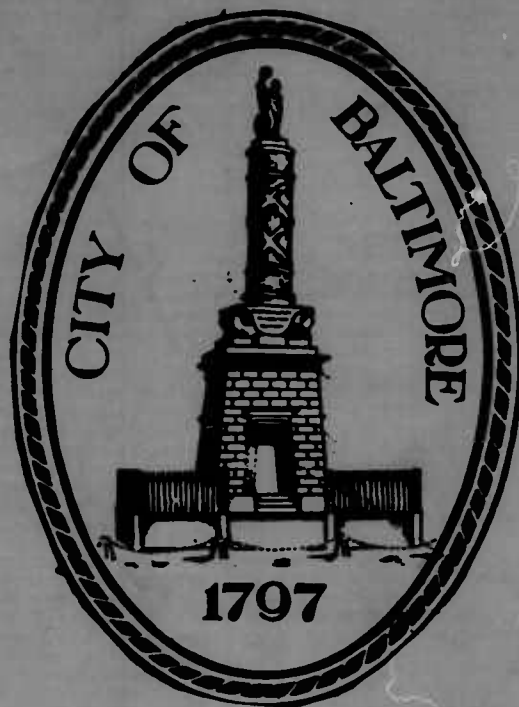
DEPARTMENT OF LEGISLATIVE REFERENCE  
RECORDS MANAGEMENT DIVISION

## CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 17th DAY Oct  
OF 1963 THE MICROPHOTOGRAPHS APPEARING  
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ENDING WITH # 35534 ARE AC-  
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RECORDS OF THE DEPARTMENT OF Health  
BUREAU OF Vital Statistics AS DELIVERED  
IN THE REGULAR COURSE OF BUSINESS FOR  
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM  
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OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC  
COPY.

CAMERA OPERATOR: D. McPaul



**END OF REEL**





CITY HALL  
BALTIMORE 2, MARYLAND

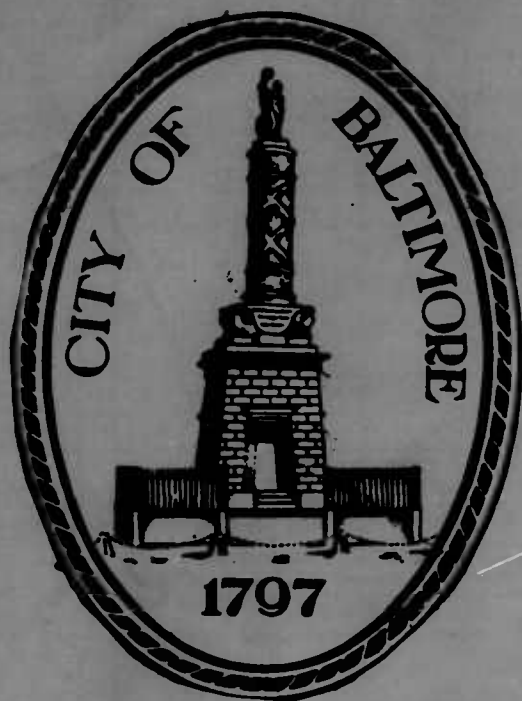
DEPARTMENT OF LEGISLATIVE REFERENCE  
RECORDS MANAGEMENT DIVISION

## CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 17th DAY of  
OF 1963 THE MICROPHOTOGRAPHS APPEARING  
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BUREAU OF Vital Statistics AS DELIVERED  
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OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC  
COPY.

CAMERA OPERATOR: D. McPaul



**END OF REEL**